oshpd
Office of Statewide Health Planning & Development

Healthcare Information Resource Center

Public File
DOCUMENTATION

**The State Utilization Data File
of Primary Care Clinics
September 2006**

**Calendar Year
2005**

State Utilization Data File of Primary Care Clinics
2005

TABLE OF CONTENTS

September 2006

State Utilization Data File of Primary Care Clinics
2005

Introduction

The Office of Statewide Health Planning and Development (OSHPD) annually produces the State Utilization Data File of Primary Care Clinics. The data come from the individual ALIRTS-based *Annual Utilization Report of Primary Care Clinics* that are filed by California's licensed Primary clinics after each calendar year. The data are "as reported" by each facility after complying with input quality control edits. The Primary care clinics utilization data file includes additional data fields populated by information derived from licenses issued by the California Department of Health Services (DHS). Due to occasional time lags between licensing activities, and subsequent updates to the OSHPD's Licensed Facility Information System (LFIS), some fields that are based on licensing data may not provide the most current information (Visit the OSHPD website regarding LFIS: http://alirts.oshpd.ca.gov/LFIS/LFISHome.aspx A login is not required for general use).
OSHPD welcomes suggestions for improving our data products. Email your suggestions to hircweb@oshpd.ca.gov

Online Reporting System: ALIRTS

Clinics submit their annual utilization data to OSHPD through the secure web-based reporting system known as ALIRTS (Automated Licensing Information and Report Tracking System). Once the data are submitted and meet the ALIRTS input quality criteria, the data are accepted and immediately become available to the public via the Internet (http://alirts.oshpd.state.ca.us). In addition to the data reported by each licensed facility, ALIRTS also has current and historical facility licensing information. The ALIRTS perspective for both utilization data and licensing data is by individual licensed facility. The reporting deadline is February 15 of each year.

Statewide Data Availability: State Utilization Data File of Primary Care Clinics

Initial Data Extract. OSHPD customarily creates this preliminary data extract and summary from facilities whose report successfully passed the automated edits. While these Reports satisfied the initial automated review requirements, users should be aware that these submitted individual reports and accordingly, statewide utilization amounts, are preliminary. The initial data extract was generated in May 2006. It is posted on the OSHPD webpage for the public to access, view, and download.

Final Audited Data Extract. A more rigorous review of submitted report data is conducted during the summer months. OSHPD staff identify potential errors and year-to-year inconsistencies in flagged facility Reports. Facility report preparers and administrators are contacted and asked to confirm or revise reported data as needed. The final data extract is the data product that results from the desk-audit stage and is available early in the Fall. Once the final audited data extract is released and posted on the webpage, the initial preliminary extract is removed.

Data File Format

New and long-time users of the public data file will notice some small changes that were recently incorporated for ease of use. For example, rather than displaying the data in a comma-delimited text file, the data file is now configured as a MS Excel file. The Excel software application uses "sections" or "tabs" called **worksheets**. This more efficient file management

system permits the display of all the data in addition to any explanatory notes that help the user better understand the data. The data file is contained in four of the five worksheets.   In the data worksheets, each row (line) displays all the data from one facility, while each column displays the values for one data field (sequentially, by row and column, from the report form).

Excel was selected because it is the analytical software used by most Primary Clinic utilization data users. Its file format has become as generic as text file format. Excel was also selected because it can handle multiple worksheets in one file. A note for those data users who do not have Excel: Most analytical software can import Excel worksheets. If the Excel file format is incompatible with your software, contact OSHPD (hirc@oshpd.ca.gov) to obtain individual, comma-delimited text data files.

More on the Use of the MS-Excel Worksheets

There are seven worksheets in the State Utilization Data File of Primary Clinics. To navigate from one worksheet to another, click on the applicable tab at the bottom of your screen. (See a recent year example in Figure 1, below):

Figure 1

Description of the Worksheets in the Data File

Tips: This worksheet provides suggestions for more effectively using the data file and general notes pertinent to the facilities reporting data.

Sections 1–2 worksheet
This worksheet reflects Sections 1 and 2 of the *Annual Utilization Report of Primary Clinics* report form and the data received from facilities that filed (responders). The Office includes an accompanying worksheet entitled, **"NonResponders 1-2"** that contains some licensure data from facilities that failed to file their Report. These facilities are referred to as Nonresponders. Please note that some or most fields in the latter worksheet may contain little or no data but are included in the Data File to help users who work extensively with Excel's cut, paste, and import/export functions.

- **Section 1** includes basic facility descriptors, e.g., name and address.
- **Section 2** includes clinic services.

State Utilization Data File of Primary Care Clinics
2005

<u>**Sections 3-5 Worksheet**</u>
This worksheet reflects the last section of the *Annual Utilization Report of Primary Clinics* report form and the data received from facilities that filed (responders). The Office includes an accompanying worksheet entitled, **"NonResponders 3-5"** Please note that some or most fields in the latter worksheet may contain little or no data but are included in the Data File to help users who work extensively with Excel's cut, paste, and import/export functions.

- **Section 3** provides patient demographics
- **Section 4** provides encounters by principal diagnosis
- **Section 5** provides encounters by principal service

<u>**Section 6-8 Worksheet**</u>
This worksheet reflects the last sections of the *Annual Utilization Report of Primary Clinics* report form and the data received from facilities that filed (responders). The Office includes an accompanying worksheet entitled, **"NonResponders 6-8"** Please note that some or most fields in the latter worksheet may contain little or no data but are included in the Data File to help users who work extensively with Excel's cut, paste, and import/export functions.

- **Section 6** provides revenue and utilization by payer
- **Section 7** provides the income statement
- **Section 8** provides major capital expenditures

The worksheets' default (original) sequence order: The first two columns of the worksheets display the facility's name and OSHPD_ID number. The worksheet lists the facilities in numeric order by OSHPD_ID number (Column A). (Because the county code is in the third and fourth digits, the facilities are also in county order when sorted in numeric order).

Significant Data Field Changes in the State Utilization Data File
For 2005, there were no major data field changes. There is one note for clarification:

- New fields for displaying **future data items** are included in this dataset. Some of these fields remain unpopulated for 2005 but are slated to be filled in future datasets. Users should note that these items are not data reported by the facility itself or provided by the Licensing and Certification Division of DHS. These fields are located between the License Status and County fields.

Traditional and Alternative Header Rows

Header rows provide names for each data field (column). Three alternative header rows are included for the data worksheet (see Figure 2 sample below, copied from a related data file). The first row is the English abbreviation of the data field. The second is the section, line and column reference that can be sorted. The third header row refers to the section, line and column on the Annual Utilization Report and is a more "visual" format. These are simply alternatives for your use. You have the option to use the one (or ones) you like and can delete the others.

September 2006

State Utilization Data File of Primary Care Clinics
2005

	A	B	C
1	OSHPD_ID	FAC_NAME	FAC_ADDRESS_1
2	slc010201	slc010101	slc010301
3			
4	1.2.1	1.1.1	1.3.1
5	306010804	EASTER SEAL SOC OF THE BAY AREA	2757 TELEGRAPH AVENUE
6	306010901	WOMENS CHOICE CLINIC - OAKLAND	431 30TH STREET, STE NO.3
7	306012807	BERKELEY COMMUNITY HEALTH PROJECT	2339 DURANT AVENUE

Figure 2

The Office recognizes that users of the data have varying preferences regarding header rows. Three header row styles are offered here. For those who prefer English names, the first alternative header row displays English abbreviations.

The **Section+Line+Column** format (row 2) is the next alternative header style. It contains alpha characters and does not include periods. Each field name in this set begins with the letters "slc", followed by 2-digit **section**, 2-digit **line** and 2-digit **column** numbers. For example, the field that is related to the question, "Was this facility in operation at any time during year?" (**Section** 1, **Line** 9, **Column** 1), would be field name "slc010901."

If the data in the *Primary Clinics* utilization data worksheet are intended to be imported into other analytical (database) software, be aware that some database applications require at least one alpha character in the field name, while others will not allow "periods." The alternative field names in the two first rows both meet these naming conventions.

The traditional header approach has been to provide field names that display the report form coordinates. The row directly above the data rows (in both data worksheets) is such a header row. Most field titles in this row (including <u>all</u> <u>facility</u> <u>reported</u> data fields), display their respective <u>report form coordinates</u> from the ALIRTS *Annual Utilization Report of Primary Clinics* report form. The field names display the **Section+Line+Column** numbers, delimited by "dots" (periods). Thus, using the prior example "Was this facility in operation at any time during year?" is reported in Section 1, Line 9, Column 1. This field appears in spreadsheet Column I in the "Sections 1 - 5" worksheet and is displayed as "1.9.1". This report-form-coordinates format is less complex for display purposes but does require the data user to refer to a copy of the report form when using the data file. A copy of the blank reporting form is provided as Appendix A, located at the end of this documentation file. Printing a hard copy for reference is recommended.

September 2006

	2005 Primary Care Clinics Documentation - Sections 1 through 3			
	Header Style Using the Report Form		Header Style Using	
	Section+Line+Column Coordinates		Abbreviated Terms in English	
	Short Version with	**Long Version**		
Worksheet	Periods and	**Without Periods**	**English**	
Column	Without Alpha	**and With Alpha**	**Abbreviation**	**Description**
A	1.2.1	slc010201	OSHPD_ID	OSHPD Identification Number
B	1.1.1	slc010101	FAC_NAME	Facility Name
C	1.3.1	slc010301	FAC_ADDRESS_1	Facility Address one
D	1.3.1	slc010301	FAC_ADDRESS_2	Facility Address two
E	1.4.1	slc010401	FAC_CITY	City, location of facility
F	1.5.1	slc010501	FAC_ZIPCODE	Zip-Code, of facility
G	1.6.1	slc010601	FAC_PHONE	Telephone of facility
H	1.7.1	slc010701	FAC_ADMIN_NAME	Name of Facility Administrator
I	1.9.1	slc010901	FAC_OPER_CURRYR	Facility in operation at any time during report period
J	1.10.1	slc011001	BEG_DATE	Begin date of operation
K	1.11.1	slc011101	END_DATE	End date of operation
L	1.12.1	slc011201	PARENT_NAME	Name of Parent corporation
M	1.13.1	slc011301	PARENT_ADDRESS_1	Parent corporation address one
N	1.13.1	slc011301	PARENT_ADDRESS_2	Parent corporation address two
O	1.14.1	slc011401	PARENT_CITY	Parent corporation city
P	1.15.1	slc011501	PARENT_STATE	Parent corporation state
Q	1.16.1	slc011601	PARENT_ZIPCODE	Parent corporation ZipCode
R	1.18.1	slc011801	REPORT_PREP_NAME	Name of person completing the report
S	LIC_STAT	LIC_STAT	LIC_STATUS	Status of facility's license, according to California Department of Health Services (DHS)
T	DATE_LIC_STAT	DATE_LIC_STAT	DATE_LIC_STATUS	Date of status of facility's license, according to DHS
U	ORIG_DATE_LIC	ORIG_DATE_LIC	ORIG_DATE_LIC	Date that the facility was originally licensed.
V	REPORT_STATUS	REPORT_STATUS	REPORT_STATUS	Responder facilities and non-responding facilities who failed to file report at Extract time
W	MCAL_PROVIDER_NO	MCAL_PROVIDER_NO	MCAL_PROVIDER_NO	Medi-Cal Provider Number (future field)
X	MCARE_PROVIDER_NO	MCARE_PROVIDER_NO	MCARE_PROVIDER_NO	Medicare Provider Number (future field)
Y	ACLAIMS_NO	ACLAIMS_NO	ACLAIMS_NO	DHS ACLAIMS Number
Z	ASSEMBLY_DIST	ASSEMBLY_DIST	ASSEMBLY_DIST	Assembly District
AA	SENATE_DIST	SENATE_DIST	SENATE_DIST	Senate District
AB	CONGRESS_DIST	CONGRESS_DIST	CONGRESS_DIST	Congressional District
AC	CENS_TRACT	CENS_TRACT	CENS_TRACT	Census Tract
AD	MSSA	MSSA	MED_SVC_STUDY_AREA	Medical Service Study Area is a planning area.
AE	LACO_SPA	LACO_SPA	LACO_SVC_PLAN_AREA	LA County Service Planning Area; nine planning areas designated by Los Angeles County. (future field)
AF	HSA	HSA	HEALTH_SVC_AREA	Health Service Area is a planning area comprising one or more whole counties.
AG	COUNTY	COUNTY	COUNTY	County
AH	LICENSE_NO	LICENSE_NO	LICENSE_NO	Facility's license number as issued by California Department of Health Services
AI	2.1.1	slc020101	LICENSE CATEGORY	License Types are Community clinic and Free clinic
AJ	2.2.1	slc020201	CLIN_FQHC_OR_LIKE	Federally Qualified Health Clinic type, or similar type, if applicable: -- FQHC (Federally Qualified Health Clinic) -- FQHC Look alike -- Neither
AK	2.3.1	slc020301	CLIN_95210_RURAL	Rural clinic category under PL-95-210
AL	2.10.1	slc021001	COMSVC_ADULT_DAY_CARE	Community services offered, adult day care
AM	2.11.1	slc021101	COMSVC_CHILD_CARE	Community services offered, child care
AN	2.12.1	slc021201	COMSVC_EDUCATION	Community services offered, community education
AO	2.13.1	slc021301	COMSVC_NUTRITION	Community services offered, community nutrition
AP	2.14.1	slc021401	COMSVC_DISASTER_RELIEF	Community services offered, disaster
AQ	2.15.1	slc021501	COMSVC_ENVIRON_HEALTH	Community services offered, environmental health
AR	2.16.1	slc021601	COMSVC_HOMELESS	Community services offered, homeless
AS	2.17.1	slc021701	COMSVC_LEGAL	Community services offered, legal
AT	2.18.1	slc021801	COMSVC_OUTREACH	Community services offered, outreach
AU	2.19.1	slc021901	COMSVC_SOCIAL_SVCS	Community services offered, social services

| | Header Style Using the Report Form | | Header Style Using | |
| | Section+Line+Column Coordinates | | Abbreviated Terms in English | |
Worksheet Column	Short Version with Periods and Without Alpha	Long Version Without Periods and With Alpha	English Abbreviation	Description
AV	2.20.1	slc022001	COMSVC_SUBST_ABUSE	Community services offered, substance abuse
AW	2.21.1	slc022101	COMSVC_TRANSPORT	Community services offered, transportation
AX	2.22.1	slc022201	COMSVC_VOC_TRAINING	Community services offered, vocational training
AY	2.23.1	slc022301	COMSVC_OTHR	Community services offered, Other
AZ	2.30.1	slc023001	ARABIC_LANG_STF	Language spoken by staff, Arabic
BA	2.30.2	slc023002	ARABIC_LANG_PT	Language spoken by patients, Arabic
BB	2.31.1	slc023101	ARMENIAN_LANG_STF	Language spoken by staff, Armenian
BC	2.31.2	slc023102	ARMENIAN_LANG_PT	Language spoken by patients, Armenian
BD	2.32.1	slc023201	CAMBODIAN_LANG_STF	Language spoken by staff, Cambodian
BE	2.32.2	slc023202	CAMBODIAN_LANG_PT	Language spoken by patients, Cambodian
BF	2.33.1	slc023301	CHINESE_LANG_STF	Language spoken by staff, Chinese
BG	2.33.2	slc023302	CHINESE_LANG_PT	Language spoken by patients, Chinese
BH	2.34.1	slc023401	HINDUSTANI_LANG_STF	Language spoken by staff, Hindustani
BI	2.34.2	slc023402	HINDUSTANI_LANG_PT	Language spoken by patients, Hindustani
BJ	2.35.1	slc023501	HMONG_LANG_STF	Language spoken by staff, Hmong
BK	2.35.2	slc023502	HMONG_LANG_PT	Language spoken by patients, Hmong
BL	2.36.1	slc023601	JAPANESE_LANG_STF	Language spoken by staff, Japanese
BM	2.36.2	slc023602	JAPANESE_LANG_PT	Language spoken by patients, Japanese
BN	2.37.1	slc023701	KOREAN_LANG_STF	Language spoken by staff, Korean
BO	2.37.2	slc023702	KOREAN_LANG_PT	Language spoken by patients, Korean
BP	2.38.1	slc023801	LAOTIAN_LANG_STF	Language spoken by staff, Laotian
BQ	2.38.2	slc023802	LAOTIAN_LANG_PT	Language spoken by patients, Laotian
BR	2.39.1	slc023901	PORTUGESE_LANG_STF	Language spoken by staff, Portuguese
BS	2.39.2	slc023902	PORTUGESE_LANG_PT	Language spoken by patients, Portuguese
BT	2.40.1	slc024001	PUNJABI_LANG_STF	Language spoken by staff, Punjabi
BU	2.40.2	slc024002	PUNJABI_LANG_PT	Language spoken by patients, Punjabi
BV	2.41.1	slc024101	RUSSIAN_LANG_STF	Language spoken by staff, Russian
BW	2.41.2	slc024102	RUSSIAN_LANG_PT	Language spoken by patients, Russian
BX	2.42.1	slc024201	SIGN_LANG_STF	Sign language used by staff
BY	2.42.2	slc024202	SIGN_LANG_PT	Sign language used by patients
BZ	2.43.1	slc024301	SPANISH_LANG_STF	Language spoken by staff, Spanish
CA	2.43.2	slc024302	SPANISH_LANG_PT	Language spoken by patients, Spanish
CB	2.44.1	slc024401	TAGALOG_LANG_STF	Language spoken by staff, Tagalog
CC	2.44.2	slc024402	TAGALOG_LANG_PT	Language spoken by patients, Tagalog
CD	2.45.1	slc024501	VIETNAMESE_LANG_STF	Language spoken by staff, Vietnamese
CE	2.45.2	slc024502	VIETNAMESE_LANG_PT	Language spoken by patients, Vietnamese
CF	2.55.1	slc025501	ENG_NOT_PRIM_PT_PERCENT	Language not primarily English, patient percentage
CG	2.56.1	slc025601	LANG_IF_ENG_NOT_PRIM	Language spoken by patients if English not primary
CH	2.60.1	slc026001	PHYSN_SALARY_FTE	Personnel, for Encounters, Physician on Salary, Full-Time-Equivalent
CI	2.60.2	slc026002	PHYSN_CONTRACT_FTE	Personnel, for Encounters, Physician on Contract, Full-Time-Equivalent
CJ	2.60.3	slc026003	PHYSN_VOLUNTEER_FTE	Personnel, for Encounters, Physician as Volunteer, Full-Time-Equivalent
CK	2.60.4	slc026004	PHYSN_TOTL_FTE	Personnel, for Encounters, Physician TOTAL, Full-Time-Equivalent
CL	2.60.5	slc026005	PHYSN_ENCTR_FTE	Personnel, for Encounters, Physician TOTAL Encounters
CM	2.61.1	slc026101	PHYSN_ASST_SALARY_FTE	Personnel, for Encounters, Physician Assistant on Salary, Full-Time-Equivalent
CN	2.61.2	slc026102	PHYSN_ASST_CONTRACT_FTE	Personnel, for Encounters, Physician Assistant on Contract, Full-Time-Equivalent
CO	2.61.3	slc026103	PHYSN_ASST_VOLUNTEER_FTE	Personnel, for Encounters, Physician Assistant as Volunteer, Full-Time-Equivalent
CP	2.61.4	slc026104	PHYSN_ASST_TOTL_FTE	Personnel, for Encounters, Physician Assistant TOTAL, Full-Time-Equivalent
CQ	2.61.5	slc026105	PHYSN_ASST_ENCTR_FTE	Personnel, for Encounters, Physician Assistant TOTAL Encounters
CR	2.62.1	slc026201	NUR_FAM_PRACT_SALARY_FTE	Personnel, for Encounters, Nurse Family Practitioner on Salary, Full-Time-Equivalent
CS	2.62.2	slc026202	NUR_FAM_PRACT_CONTRACT_FTE	Personnel, for Encounters, Nurse Family Practitioner on Contract, Full-Time-Equivalent
CT	2.62.3	slc026203	NUR_FAM_PRACT_VOLUNTEER_FTE	Personnel, for Encounters, Nurse Family Practitioner as Volunteer, Full-Time-Equivalent

	2005 Primary Care Clinics Documentation - Sections 1 through 3			
	Header Style Using the Report Form		**Header Style Using**	
	Section+Line+Column Coordinates		Abbreviated Terms in English	
	Short Version with	**Long Version**		
Worksheet	Periods and	**Without Periods**	**English**	
Column	Without Alpha	**and With Alpha**	**Abbreviation**	**Description**
CU	2.62.4	slc026204	NUR_FAM_PRACT_TOTL_FTE	Personnel, for Encounters, Nurse Family Practitioner TOTAL, Full-Time-Equivalent
CV	2.62.5	slc026205	NUR_FAM_PRACT_ENCTR_FTE	Personnel, for Encounters, Nurse Family Practitioner TOTAL Encounters
CW	2.63.1	slc026301	MIDWIV_SALARY_FTE	Personnel, for Encounters, Midwives, certified Nurse on Salary, Full-Time-Equivalent
CX	2.63.2	slc026302	MIDWIV_CONTRACT_FTE	Personnel, for Encounters, Midwives, certified Nurse on Contract, Full-Time-Equivalent
CY	2.63.3	slc026303	MIDWIV_VOLUNTEER_FTE	Personnel, for Encounters, Midwives, certified Nurse as Volunteer, Full-Time-Equivalent
CZ	2.63.4	slc026304	MIDWIV_TOTL_FTE	Personnel, for Encounters, Midwives, certified Nurse TOTAL, Full-Time-Equivalent
DA	2.63.5	slc026305	MIDWIV_ENCTR_FTE	Personnel, for Encounters, Midwives, certified Nurse TOTAL Encounters
DB	2.64.1	slc026401	NUR_VISIT_SALARY_FTE	Personnel, for Encounters, Visiting Nurse on Salary, Full-Time-Equivalent
DC	2.64.2	slc026402	NUR_VISIT_CONTRACT_FTE	Personnel, for Encounters, Visiting Nurse on Contract, Full-Time-Equivalent
DD	2.64.3	slc026403	NUR_VISIT_VOLUNTEER_FTE	Personnel, for Encounters, Visiting Nurse as Volunteer, Full-Time-Equivalent
DE	2.64.4	slc026404	NUR_VISIT_TOTL_FTE	Personnel, for Encounters, Visiting Nurse TOTAL, Full-Time-Equivalent
DF	2.64.5	slc026405	NUR_VISIT_ENCTR_FTE	Personnel, for Encounters, Visiting Nurse TOTAL Encounters
DG	2.65.1	slc026501	DENTIST_SALARY_FTE	Personnel, for Encounters, Dentist on Salary, Full-Time-Equivalent
DH	2.65.2	slc026502	DENTIST_CONTRACT_FTE	Personnel, for Encounters, Dentist on Contract, Full-Time-Equivalent
DI	2.65.3	slc026503	DENTIST_VOLUNTEER_FTE	Personnel, for Encounters, Dentist as Volunteer, Full-Time-Equivalent
DJ	2.65.4	slc026504	DENTIST_TOTL_FTE	Personnel, for Encounters, Dentist TOTAL, Full-Time-Equivalent
DK	2.65.5	slc026505	DENTIST_ENCTR_FTE	Personnel, for Encounters, Dentist TOTAL Encounters
DL	2.67.1	slc026701	PSYD_SALARY_FTE	Personnel, for Encounters, Psychiatrist on Salary, Full-Time-Equivalent
DM	2.67.2	slc026702	PSYD_CONTRACT_FTE	Personnel, for Encounters, Psychiatrist on Contract, Full-Time-Equivalent
DN	2.67.3	slc026703	PSYD_VOLUNTEER_FTE	Personnel, for Encounters, Psychiatrist as Volunteer, Full-Time-Equivalent
DO	2.67.4	slc026704	PSYD_TOTL_FTE	Personnel, for Encounters, Psychiatrist TOTAL, Full-Time-Equivalent
DP	2.67.5	slc026705	PSYD_ENCTR_FTE	Personnel, for Encounters, Psychiatrist TOTAL Encounters
DQ	2.68.1	slc026801	PSYCH_CLIN_SALARY_FTE	Personnel, for Encounters, Clinical Psychologist on Salary, Full-Time-Equivalent
DR	2.68.2	slc026802	PSYCH_CLIN_CONTRACT_FTE	Personnel, for Encounters, Clinical Psychologist on Contract, Full-Time-Equivalent
DS	2.68.3	slc026803	PSYCH_CLIN_VOLUNTEER_FTE	Personnel, for Encounters, Clinical Psychologist as Volunteer, Full-Time-Equivalent
DT	2.68.4	slc026804	PSYCH_CLIN_TOTL_FTE	Personnel, for Encounters, Clinical Psychologist TOTAL, Full-Time-Equivalent
DU	2.68.5	slc026805	PSYCH_CLIN_ENCTR_FTE	Personnel, for Encounters, Clinical Psychologist TOTAL Encounters
DV	2.69.1	slc026901	LCSW_SALARY_FTE	Personnel, for Encounters, Licensed Clinical Social Worker on Salary, Full-Time-Equivalent
DW	2.69.2	slc026902	LCSW_CONTRACT_FTE	Personnel, for Encounters, Licensed Clinical Social Worker on Contract, Full-Time-Equivalent
DX	2.69.3	slc026903	LCSW_VOLUNTEER_FTE	Personnel, for Encounters, Licensed Clinical Social Worker as Volunteer, Full-Time-Equivalent
DY	2.69.4	slc026904	LCSW_TOTL_FTE	Personnel, for Encounters, Licensed Clinical Social Worker TOTAL, Full-Time-Equivalent
DZ	2.69.5	slc026905	LCSW_ENCTR_FTE	Personnel, for Encounters, Licensed Clinical Social Worker TOTAL Encounters
EA	2.70.1	slc027001	OTHR_MEDICAL_PROVDR_SALARY_FTE	Personnel, for Encounters, Other Primary Care Provider Medi-Cal billable on Salary, Full-Time-Equivalent
EB	2.70.2	slc027002	OTHR_MEDICAL_PROVDR_CONTRACT_FT	Personnel, for Encounters, Other Primary Care Provider Medi-Cal billable on Contract, Full-Time-Equivalent
EC	2.70.3	slc027003	OTHR_MEDICAL_PROVDR_VOLUNTEER_F	Personnel, for Encounters, Other Primary Care Provider Medi-Cal billable as Volunteer, Full-Time-Equivalent
ED	2.70.4	slc027004	OTHR_MEDICAL_PROVDR_TOTL_FTE	Personnel, for Encounters, Other Primary Care Provider Medi-Cal billable TOTAL, Full-Time-Equivalent
EE	2.70.5	slc027005	OTHR_MEDICAL_PROVDR_ENCTR_FTE	Personnel, for Encounters, Other Primary Care Provider Medi-Cal billable TOTAL Encounters
EF	2.74.1	slc027401	OTHR_CPSP_PROVIDR_SALARY_FTE	Personnel, for Encounters, Other Certified CPSP (see data file doc.) on Salary, Full-Time-Equivalent
EG	2.74.2	slc027402	OTHR_CPSP_PROVIDR_CONTRACT_FTE	Personnel, for Encounters, Other Certified CPSP (see data file doc.) on Contract, Full-Time-Equivalent

	Header Style Using the Report Form		Header Style Using	
	Section+Line+Column Coordinates		Abbreviated Terms in English	
	Short Version with	**Long Version**		
Worksheet	Periods and	**Without Periods**	**English**	
Column	Without Alpha	**and With Alpha**	**Abbreviation**	**Description**
EH	2.74.3	slc027403	OTHR_CPSP_PROVDR_VOLUNTEER_FTE	Personnel, for Encounters, Other Certified CPSP (see data file doc.) as Volunteer, Full-Time-Equivalent
EI	2.74.4	slc027404	OTHR_CPSP_PROVDR_TOTL_FTE	Personnel, for Encounters, Other Certified CPSP (see data file doc.) TOTAL, Full-Time-Equivalent
EJ	2.74.5	slc027405	OTHR_CPSP_PROVDR_ENCTR_FTE	Personnel, for Encounters, Other Certified CPSP (see data file doc.) TOTAL Encounters
EK	2.75.1	slc027501	FTE_SALARY_TOTL	Personnel, for Encounters, TOTAL on Salary, Full-Time-Equivalent
EL	2.75.2	slc027502	FTE_CONTRACT_TOTL	Personnel, for Encounters, TOTAL on Contract, Full-Time-Equivalent
EM	2.75.3	slc027503	FTE_VOLUNTEER_TOTL	Personnel, for Encounters, TOTAL as Volunteer, Full-Time-Equivalent
EN	2.75.4	slc027504	FTE_GRAND_TOTL	Personnel, for Encounters, GRAND TOTAL, Full-Time-Equivalent
EO	2.75.5	slc027505	ENCTR_GRAND_TOTL	Personnel, for Encounters, GRAND TOTAL Encounters
EP	2.80.1	slc028001	RDH_Salary_FTE	Personnel, for Contacts, Registered Dental Hygienists on Salary, Full-Time-Equivalent
EQ	2.80.2	slc028002	RDH_Contract_FTE	Personnel, for Contacts, Registered Dental Hygienists on Contract, Full-Time-Equivalent
ER	2.80.3	slc028003	RDH_Volunteer_FTE	Personnel, for Contacts, Registered Dental Hygienists as Volunteer, Full-Time-Equivalent
ES	2.80.4	slc028004	RDH_TOTL_FTE	Personnel, for Contacts, Registered Dental Hygienists TOTAL, Full-Time-Equivalent
ET	2.80.5	slc028005	RDH_Contacts_FTE	Personnel, for Contacts, Registered Dental Hygienists TOTAL Contacts
EU	2.81.1	slc028101	DENT_ASST_SALARY_FTE	Personnel, for Contacts, Registered Dental Assistant on Salary, Full-Time-Equivalent
EV	2.81.2	slc028102	DENT_ASST_CONTRACT_FTE	Personnel, for Contacts, Registered Dental Assistant on Contract, Full-Time-Equivalent
EW	2.81.3	slc028103	DENT_ASST_VOLUNTEER_FTE	Personnel, for Contacts, Registered Dental Assistant as Volunteer, Full-Time-Equivalent
EX	2.81.4	slc028104	DENT_ASST_TOTL_FTE	Personnel, for Contacts, Registered Dental Assistant TOTAL, Full-Time-Equivalent
EY	2.81.5	slc028105	DENT_ASST_CONTACTS_FTE	Personnel, for Contacts, Registered Dental Assistant TOTAL Contacts
EZ	2.82.1	slc028201	Dent_Asst_No_Lic_Salary_FTE	Personnel, for Contacts, Dental Assistant on Salary, Full-Time-Equivalent
FA	2.82.2	slc028202	Dent_Asst_No_Lic_Contract_FTE	Personnel, for Contacts, Dental Assistant on Contract, Full-Time-Equivalent
FB	2.82.3	slc028203	Dent_Asst_No_Lic_Volunteer_FTE	Personnel, for Contacts, Dental Assistant as Volunteer, Full-Time-Equivalent
FC	2.82.4	slc028204	Dent_Asst_No_Lic_TOTL_FTE	Personnel, for Contacts, Dental Assistant TOTAL, Full-Time-Equivalent
FD	2.82.5	slc028205	Dent_Asst_No_Lic_Contacts_FTE	Personnel, for Contacts, Dental Assistant TOTAL Contacts
FE	2.83.1	slc028301	Therapist_Marr_Fam(MFT)_Salary_FTE	Personnel, for Contacts, Marriage and Family Therapists on Salary, Full-Time-Equivalent
FF	2.83.2	slc028302	Therapist_Marr_Fam(MFT)_Contract_FTE	Personnel, for Contacts, Marriage and Family Therapists on Contract, Full-Time-Equivalent
FG	2.83.3	slc028303	Therapist_Marr_Fam(MFT)_Volunteer_FTE	Personnel, for Contacts, Marriage and Family Therapists as Volunteer, Full-Time-Equivalent
FH	2.83.4	slc028304	Therapist_Marr_Fam(MFT)_TOTL_FTE	Personnel, for Contacts, Marriage and Family Therapists TOTAL, Full-Time-Equivalent
FI	2.83.5	slc028305	Therapist_Marr_Fam(MFT)_Contacts_FTE	Personnel, for Contacts, Marriage and Family Therapists TOTAL Contacts
FJ	2.84.1	slc028401	NUR_REGIST_SALARY_FTE	Personnel, for Contacts, Registered Nurse on Salary, Full-Time-Equivalent
FK	2.84.2	slc028402	NUR_REGIST_CONTRACT_FTE	Personnel, for Contacts, Registered Nurse on Contract, Full-Time-Equivalent
FL	2.84.3	slc028403	NUR_REGIST_VOLUNTEER_FTE	Personnel, for Contacts, Registered Nurse as Volunteer, Full-Time-Equivalent
FM	2.84.4	slc028404	NUR_REGIST_TOTL_FTE	Personnel, for Contacts, Registered Nurse TOTAL, Full-Time-Equivalent
FN	2.84.5	slc028405	NUR_REGIST_CONTACTS_FTE	Personnel, for Contacts, Registered Nurse TOTAL Contacts
FO	2.85.1	slc028501	LVN_SALARY_FTE	Personnel, for Contacts, Licensed Vocational Nurse on Salary, Full-Time-Equivalent
FP	2.85.2	slc028502	LVN_CONTRACT_FTE	Personnel, for Contacts, Licensed Vocational Nurse on Contract, Full-Time-Equivalent
FQ	2.85.3	slc028503	LVN_VOLUNTEER_FTE	Personnel, for Contacts, Licensed Vocational Nurse as Volunteer, Full-Time-Equivalent
FR	2.85.4	slc028504	LVN_TOTL_FTE	Personnel, for Contacts, Licensed Vocational Nurse TOTAL, Full-Time-Equivalent
FS	2.85.5	slc028505	LVN_CONTACTS_FTE	Personnel, for Contacts, Licensed Vocational Nurse TOTAL Contacts
FT	2.86.1	slc028601	Med_Asst_No_Lic_Salary_FTE	Personnel, for Contacts, Medical Assistant on Salary, Full-Time-Equivalent
FU	2.86.2	slc028602	Med_Asst_No_Lic_Contract_FTE	Personnel, for Contacts, Medical Assistant on Contract, Full-Time-Equivalent
FV	2.86.3	slc028603	Med_Asst_No_Lic_Volunteer_FTE	Personnel, for Contacts, Medical Assistant as Volunteer, Full-Time-Equivalent
FW	2.86.4	slc028604	Med_Asst_No_Lic_TOTL_FTE	Personnel, for Contacts, Medical Assistant TOTAL, Full-Time-Equivalent
FX	2.86.5	slc028605	Med_Asst_No_Lic_Contacts_FTE	Personnel, for Contacts, Medical Assistant TOTAL Contacts
FY	2.87.1	slc028701	Pt_Educ_NonLic_Salary_FTE	Personnel, for Contacts, Patient Education Staff, nonlicensed on Salary, Full-Time-Equivalent
FZ	2.87.2	slc028702	Pt_Educ_NonLic_Contract_FTE	Personnel, for Contacts, Patient Education Staff, nonlicensed on Contract, Full-Time-Equivalent
GA	2.87.3	slc028703	Pt_Educ_NonLic_Volunteer_FTE	Personnel, for Contacts, Patient Education Staff, nonlicensed as Volunteer, Full-Time-Equivalent

| Worksheet Column | Header Style Using the Report Form Section+Line+Column Coordinates | | Header Style Using Abbreviated Terms in English | |
	Short Version with Periods and Without Alpha	Long Version Without Periods and With Alpha	English Abbreviation	Description
GB	2.87.4	slc028704	Pt_Educ_NonLic_TOTL_FTE	Personnel, for Contacts, Patient Education Staff, nonlicensed TOTAL, Full-Time-Equivalent
GC	2.87.5	slc028705	Pt_Educ_NonLic_Contacts_FTE	Personnel, for Contacts, Patient Education Staff, nonlicensed TOTAL Contacts
GD	2.88.1	slc028801	Subs_Abuse_Contacts_Salary_FTE	Personnel, for Contacts, Substance Abuse Counselors on Salary, Full-Time-Equivalent
GE	2.88.2	slc028802	Subs_Abuse_Contacts_Contract_FTE	Personnel, for Contacts, Substance Abuse Counselors on Contract, Full-Time-Equivalent
GF	2.88.3	slc028803	Subs_Abuse_Contacts_Volunteer_FTE	Personnel, for Contacts, Substance Abuse Counselors as Volunteer, Full-Time-Equivalent
GG	2.88.4	slc028804	Subs_Abuse_Contacts_TOTL_FTE	Personnel, for Contacts, Substance Abuse Counselors TOTAL, Full-Time-Equivalent
GH	2.88.5	slc028805	Subs_Abuse_Contacts_FTE	Personnel, for Contacts, Substance Abuse Counselors TOTAL Contacts
GI	2.89.1	slc028901	Billing_staff_Salary_FTE	Personnel, for Contacts, Billing Staff on Salary, Full-Time-Equivalent
GJ	2.89.2	slc028902	Billing_staff_Contract_FTE	Personnel, for Contacts, Billing Staff on Contract, Full-Time-Equivalent
GK	2.89.3	slc028903	Billing_staff_Volunteer_FTE	Personnel, for Contacts, Billing Staff as Volunteer, Full-Time-Equivalent
GL	2.89.4	slc028904	Billing_staff_TOTL_FTE	Personnel, for Contacts, Billing Staff TOTAL, Full-Time-Equivalent
GM	2.90.1	slc029001	Other_Admin_Staff_Salary_FTE	Personnel, for Contacts, Administrative Staff on Salary, Full-Time-Equivalent
GN	2.90.2	slc029002	Other_Admin_Staff_Contract_FTE	Personnel, for Contacts, Administrative Staff on Contract, Full-Time-Equivalent
GO	2.90.3	slc029003	Other_Admin_Staff_Volunteer_FTE	Personnel, for Contacts, Administrative Staff as Volunteer, Full-Time-Equivalent
GP	2.90.4	slc029004	Other_Admin_Staff_TOTL_FTE	Personnel, for Contacts, Administrative Staff TOTAL, Full-Time-Equivalent
GQ	2.94.1	slc029401	Othr_Provdr_Not_Enctr_Salary_FTE	Personnel, for Contacts, Other Providers on Salary, Full-Time-Equivalent
GR	2.94.2	slc029402	Othr_Provdr_Not_Enctr_Contract_FTE	Personnel, for Contacts, Other Providers on Contract, Full-Time-Equivalent
GS	2.94.3	slc029403	Othr_Provdr_Not_Enctr_Volunteer_FTE	Personnel, for Contacts, Other Providers as Volunteer, Full-Time-Equivalent
GT	2.94.4	slc029404	Othr_Provdr_Not_Enctr_TOTL_FTE	Personnel, for Contacts, Other Providers TOTAL, Full-Time-Equivalent
GU	2.95.1	slc029501	FTE_Contacts_Salary_TOTL	Personnel, for Contacts, TOTAL on Salary, Full-Time-Equivalent
GV	2.95.2	slc029502	FTE_Contacts_Contract_TOTL	Personnel, for Contacts, TOTAL on Contract, Full-Time-Equivalent
GW	2.95.3	slc029503	FTE_Contacts_Volunteer_TOTL	Personnel, for Contacts, TOTAL as Volunteer, Full-Time-Equivalent
GX	2.95.4	slc029504	FTE_Contacts_TOTL	Personnel, for Contacts, GRAND TOTAL, Full-Time-Equivalent
GY	2.95.5	slc029505	FTE_Contacts_GRAND_TOTL	Personnel, for Contacts, GRAND TOTAL Contacts

| | Header Style Using the Report Form | Header Style Using | |
| | Section+Line+Column Coordinates | Abbreviated Terms in English | |

Worksheet Column	Short Version with Periods and Without Alpha	Long Version Without Periods and With Alpha	English Abbreviation	Description
A	1.2.1	slc010201	OSHPD_ID	OSHPD Identification Number
B	1.1.1	slc010101	FAC_NAME	Facility Name
C	3.1.1	slc030101	White_Pt_Race	Patient, White, race (Hispanic included)
D	3.2.1	slc030201	Black_Pt_Race	Patient, Black, race
E	3.3.1	slc030301	NativeAmerican_Pt_Race	Patient, Native American, Alaskan Native, race
F	3.4.1	slc030401	AsianPac_Pt_Race	Patient, Asian, Pacific Islander, race
G	3.9.1	slc030901	Othr_Unkn_Pt_Race	Patient, Other, Unknown, race
H	3.10.1	slc031001	Race_Pt_TOTL	Patient, All races TOTAL
I	3.11.1	slc031101	Hispanic_Pt_Ethnicity	Patient, Hispanic, ethnicity
J	3.12.1	slc031201	NonHispanic_Pt_Ethnicity	Patient, NonHispanic, ethnicity
K	3.13.1	slc031301	Unkn_Pt_Ethnicity	Patient, Unknown, ethnicity
L	3.15.1	slc031501	Ethnicity_Pt_TOTL	Patient, All ethnicity TOTAL
M	3.20.1	slc032001	Pov_Less_Than_100_Percent_Pt	Patient, poverty level less than 100 percent
N	3.21.1	slc032101	Pov_100to200_Percent_Pt	Patient, poverty level 100 to 200 percent
O	3.22.1	slc032201	Pov_More_Than_200_Percent_Pt	Patient, poverty level more than 200 percent
P	3.23.1	slc032301	Pov_Unkn_Pt	Patient, poverty level unknown
Q	3.24.1	slc032401	Pov_TOTL_Pt	Patient, All poverty levels TOTAL
R	3.30.1	slc033001	Agri_MigrWrkr_TOTL_Pt	Patient, Seasonal Agricultural and Migratory workers TOTAL
S	3.31.1	slc033101	Agri_MigrWrkr_TOTL_Enctr	Patient Encounters, Seasonal Agricultural and Migratory workers TOTAL
T	3.40.1	slc034001	M_Less_Than_1_YR	Patient, Male, Under 1 Year
U	3.40.2	slc034002	F_Less_Than_1_YR	Patient, Female, Under 1 Year
V	3.41.1	slc034101	M_1to4_YR	Patient, Male, 1 to 4 years
W	3.41.2	slc034102	F_1to4_YR	Patient, Female, 1 to 4 years
X	3.42.1	slc034201	M_5to12_YR	Patient, Male, 5 to 12 years
Y	3.42.2	slc034202	F_5to12_YR	Patient, Female, 5 to 12 years
Z	3.43.1	slc034301	M_13to14_YR	Patient, Male, 12 to 14 years
AA	3.43.2	slc034302	F_13to14_YR	Patient, Female, 12 to 14 years
AB	3.44.1	slc034401	M_15to19_YR	Patient, Male, 15 to 19 years
AC	3.44.2	slc034402	F_15to19_YR	Patient, Female, 15 to 19 years
AD	3.45.1	slc034501	M_20to34_YR	Patient, Male, 20 to 34 years
AE	3.45.2	slc034502	F_20to34_YR	Patient, Female, 20 to 34 years
AF	3.46.1	slc034601	M_35to44_YR	Patient, Male, 35 to 44 years
AG	3.46.2	slc034602	F_35to44_YR	Patient, Female, 35 to 44 years
AH	3.47.1	slc034701	M_45to64_YR	Patient, Male, 45 to 64 years
AI	3.47.2	slc034702	F_45to64_YR	Patient, Female, 45 to 64 years
AJ	3.48.1	slc034801	M_More_Than_65_YR	Patient, Male, More than 65 years
AK	3.48.2	slc034802	F_More_Than_65_YR	Patient, Female, More than 65 years
AL	3.55.1	slc035501	M_TOTL	Patient, Male, All Ages TOTAL
AM	3.55.2	slc035502	F_TOTL	Patient, Female, All Ages TOTAL
AN	3.60.1	slc036001	Medicare_Pt_Cov	Patient, Medicare, payer
AO	3.61.1	slc036101	Medicare_Mgn_Pt_Cov	Patient, Medicare Managed Care, payer
AP	3.62.1	slc036201	MediCal_Pt_Cov	Patient, Medi-Cal, payer
AQ	3.63.1	slc036301	MediCal_Mgn_Pt_Cov	Patient, Medi-Cal Managed Care, payer
AR	3.64.1	slc036401	County_CMSP_MISP_Pt_Cov	Patient, County Indigent, CMSP, MISP (see data file doc.)
AS	3.65.1	slc036501	Healthy_Families_Pt_Cov	Patient, Healthy Families program, payer
AT	3.66.1	slc036601	Private_Insurance_Pt_Cov	Patient, Private insurance, payer
AU	3.67.1	slc036701	Alameda_Alliance_Pt_Cov	Patient, Alameda Alliance for Health, payer
AV	3.68.1	slc036801	LA_County_Partnership_Pt_Cov	Patient, Los Angeles County Public Private Partnership, payer
AW	3.69.1	slc036901	San_Diego_Med_Plan_Pt_Cov	Patient, San Diego County Medical Plan, payer
AX	3.70.1	slc037001	SelfPay_SlideFee_Pt_Cov	Patient, Self-pay, Sliding Fee, payer
AY	3.71.1	slc037101	Free_Pt_Cov	Patient, Free, payer

	2005 Primary Care Clinics Documentation - Sections 3 through 5			
	Header Style Using the Report Form		Header Style Using	
	Section+Line+Column Coordinates		Abbreviated Terms in English	
	Short Version with	Long Version		
Worksheet	Periods and	Without Periods	English	
Column	Without Alpha	and With Alpha	Abbreviation	Description
AZ	3.74.1	slc037401	All_Othr_Payers_Pt_Cov	Patient, All Other, payer
BA	3.75.1	slc037501	GRAND_TOTL_Pt_Cov	Patient, GRAND TOTAL, all payer
BB	3.80.1	slc038001	Breast_Ca_Pt_Episodic	Episodic Programs: Breast and Cervical Cancer Control Program (BCCCP), payer
BC	3.81.1	slc038101	CHDP_Pt_Episodic	Episodic Programs: Child Health and Disability Prevention (CHDP) program, payer
BD	3.82.1	slc038201	EAPC_Pt_Episodic	Episodic Programs: Expanded Access to Primary Care (EAPC) program, payer
BE	3.83.1	slc038301	Family_PACT_Pt_Episodic	Episodic Programs: Planning, Access, Care, Treatment (Family PACT) program, payer
BF	3.84.1	slc038401	Othr_County_Pt_Episodic	Episodic Programs: Other County programs, payer
BG	3.85.1	slc038501	Children_Treatm_Prog_Pt_Episodic	Episodic Programs: Childrens Treatment Program, payer
BH	3.89.1	slc038901	Othr_Payer_Grant_Cov_Pt_Episodic	Episodic Programs: Other Payer covered by grant, payer
BI	3.90.1	slc039001	TOTL_Episodic_Pt	Patient, Episodic Programs (duplicated) TOTAL
BJ	3.95.1	slc039501	TOTL_CHDP_Assess_Pt	Patient, CHDP Number of Assessments
BK	4.1.1	slc040101	Dx_001to139_infectious_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Infectious and Parasitic Diseases
BL	4.2.1	slc040201	Dx_140to239_neoplasms_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Neoplasms
BM	4.3.1	slc040301	Dx_240to279_endocrine_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Endocrine, Nutritional, and Metabolic Diseases, and Immunity Disorders
BN	4.4.1	slc040401	Dx_280to289_blood_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Blood and Blood Forming Disorders
BO	4.5.1	slc040501	Dx_290to319_mental_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Mental Disorders
BP	4.6.1	slc040601	Dx_320to389_nervous_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Nervous System and Sense Organs Diseases
BQ	4.7.1	slc040701	Dx_390to459_circulatory_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Circulatory System Diseases
BR	4.8.1	slc040801	Dx_460to519_respiratory_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Respiratory System Diseases
BS	4.9.1	slc040901	DX_520TO579_DIGESTIVE_NONDENTAL_ENCTR	Encounters by Principal Diagnosis (ICD-9-CM Codes): Digestive System Diseases
BT	4.10.1	slc041001	Dx_580to629_genit_urinary_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Genitourinary System Diseases
BU	4.11.1	slc041101	Dx_630to679_pregchild_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Pregnancy, Childbirth & the Puerperium
BV	4.12.1	slc041201	Dx_680to709_skin_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Skin and Subcutaneous Tissue Diseases
BW	4.13.1	slc041301	Dx_710to739_muscles_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Musculoskeletal System and Connective Tissue Diseases
BX	4.14.1	slc041401	Dx_740to759_congenital_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Congenital Anomalies
BY	4.15.1	slc041501	Dx_760to779_perinatal_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Certain Conditions Originating in the Perinatal Period
BZ	4.16.1	slc041601	Dx_780to799_ill_defined_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Symptoms, Signs, and Ill-defined Conditions
CA	4.17.1	slc041701	Dx_800to999_injurypoison_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Injury and Poisoning
CB	4.18.1	slc041801	DX_V01TOV84_HLTHSTATUS_ENCTR	Encounters by Principal Diagnosis (ICD-9-CM Codes): Factors Influencing Health Status and Contact with Health Services
CC	4.19.1	slc041901	Dx_Dental_Enctr	Encounters by Principal Diagnosis: Dental Diagnoses
CD	4.20.1	slc042001	DX_Fam_Plan_S-Codes_Enctr	Encounters by Principal Diagnosis: Family Planning S-Codes
CE	4.21.1	slc042101	Othr_Enctr	Encounters by Principal Diagnosis: Other
CF	4.25.1	slc042501	TOTL_Dx_Enctr	Encounters by Principal Diagnosis Encounters All TOTAL
CG	5.1.1	slc050101	CPT_99201to205_Eval_Mgt_Enctr	Encounters, Evaluation and management, new patient CPT Codes 99201 - 99205
CH	5.2.1	slc050201	CPT_99211to215_Eval_Mgt_Enctr	Encounters, Evaluation and management, established patient CPT Codes 99211 - 99215
CI	5.3.1	slc050301	CPT_99217to239_Eval_Mgt_Enctr	Encounters, Hospital related services CPT Codes 99217 - 99223; 99231 - 99239
CJ	5.4.1	slc050401	CPT_99241to275_Eval_Mgt_Enctr	Encounters, Consultations CPT Codes 99241 - 99275
CK	5.5.1	slc050501	CPT_99281toEtc_Eval_Mgt_Enctr	Encounters, Other evaluation and management services CPT Codes 99281 - 99285; 99354 - 99360; 99420 - 99429; 99450 - 99456; 99499
CL	5.6.1	slc050601	CPT_99301to316_Eval_Mgt_Enctr	Encounters, Nursing Facility Related Services CPT Codes 99301 - 99316
CM	5.7.1	slc050701	CPT_99361to373_Eval_Mgt_Enctr	Encounters, Case Management Services CPT Codes 99361 - 99373

| Worksheet Column | Header Style Using the Report Form Section+Line+Column Coordinates | | Header Style Using Abbreviated Terms in English | |
	Short Version with Periods and Without Alpha	Long Version Without Periods and With Alpha	English Abbreviation	Description
CN	5.8.1	slc050801	CPT_99381toEtc_Eval_Mgt_Enctr	Encounters, Preventive Medicine (infant, child, adolescent) CPT Codes 99381 - 99384; 99391 - 99394; 99431 - 99440
CO	5.9.1	slc050901	CPT_99385toEtc_Eval_Mgt_Enctr	Encounters, Preventive Medicine (adults) CPT Codes 99385 - 99387; 99395 - 99397
CP	5.10.1	slc051001	CPT_99401to412_Eval_Mgt_Enctr	Encounters, Counseling CPT Codes 99401 - 99412
CQ	5.11.1	slc051101	CPT_00100to01999_Othr_Svcs_Enctr	Encounters, Anesthesia CPT Codes 00100 - 01999, 99100, 99116, 99135, 99140
CR	5.12.1	slc051201	CPT_10021to19499_Othr_Svcs_Enctr	Encounters, Integumentary System CPT Codes 10021 - 19499
CS	5.13.1	slc051301	CPT_20000to29999_Othr_Svcs_Enctr	Encounters, Musculoskeletal System CPT Codes 20000 - 29999
CT	5.14.1	slc051401	CPT_30000to32999_Othr_Svcs_Enctr	Encounters, Respiratory System CPT Codes 30000 - 32999
CU	5.15.1	slc051501	CPT_33010to37799_Othr_Svcs_Enctr	Encounters, Cardiovascular System CPT Codes 33010 - 37799
CV	5.16.1	slc051601	CPT_38100to599_Othr_Svcs_Enctr	Encounters, Hemic and Lymphatic System CPT Codes 38100 - 38999
CW	5.17.1	slc051701	CPT_39000to599_Othr_Svcs_Enctr	Encounters, Mediastinum and Diaphragm System CPT Codes 39000 - 39599
CX	5.18.1	slc051801	CPT_40490to49999_Othr_Svcs_Enctr	Encounters, Digestive System CPT Codes 40490 - 49999
CY	5.19.1	slc051901	CPT_50010to53899_Othr_Svcs_Enctr	Encounters, Urinary System CPT Codes 50010 - 53899
CZ	5.20.1	slc052001	CPT_54000to55899_Othr_Svcs_Enctr	Encounters, Male Genital System CPT Codes 54000 - 55899
DA	5.21.1	slc052101	CPT_55970to55980_Othr_Svcs_Enctr	Encounters, Intersex Surgery CPT Codes 55970, 55980
DB	5.22.1	slc052201	CPT_56405to58999_Othr_Svcs_Enctr	Encounters, Female Genital System CPT Codes 56405 - 58999
DC	5.23.1	slc052301	CPT_59000to899_Othr_Svcs_Enctr	Encounters, Maternity Care and Delivery CPT Codes 59000 -59899
DD	5.24.1	slc052401	CPT_60000to699_Othr_Svcs_Enctr	Encounters, Endocrine System CPT Codes 60000 - 60699
DE	5.25.1	slc052501	CPT_61000to64999_Othr_Svcs_Enctr	Encounters, Nervous System CPT Codes 61000 - 64999
DF	5.26.1	slc052601	CPT_65091to68899_Othr_Svcs_Enctr	Encounters, Eye and Ocular Adnexa System CPT Codes 65091 - 68899
DG	5.27.1	slc052701	CPT_69000to990_Othr_Svcs_Enctr	Encounters, Auditory System CPT Codes 69000 - 69990
DH	5.28.1	slc052801	CPT_70010to79999_Othr_Svcs_Enctr	Encounters, Radiology CPT Codes 70010 - 79999
DI	5.29.1	slc052901	CPT_80048to89399_Othr_Svcs_Enctr	Encounters, Pathology / Laboratory CPT Codes 80048 - 89356
DJ	5.30.1	slc053001	CPT_90281to99199_Othr_Svcs_Enctr	Encounters, Medicine - Special Services CPT Codes 90281 - 99091, 99141 - 99199
DK	5.31.1	slc053101	CPT_Z_Codes_Othr_Svcs_Enctr	Encounters, Family Planning "Z" codes CPT Codes "Z" codes
DL	5.32.1	slc053201	CPT_DENTAL_CDT_CODES_ENCTR	Encounters, Dental CPT Codes all CDT codes
DM	5.33.1	slc053301	CPT_CATEGORY_III_CODES_0003TTO0111T_ENCTR	Encounters, Category III Codes CPT Codes 0001T - 0062T - 00747
DN	5.44.1	slc054401	CPT_Any_Othr_Svcs_Enctr	Encounters, Any Other
DO	5.45.1	slc054501	CPT_TOTL_Enctr	Encounters by Principal Service TOTAL
DP	5.50.1	slc055001	CPT_76090TO092_SELECTED_PROCED	Procedures, Selected, Mammogram CPT Codes 76085, 76090 - 76092
DQ	5.51.1	slc055101	CPT_86701_ETC_SELECTED_PROCED	Procedures, Selected, HIV Testing CPT Codes 86701 - 86703; 86689; 87390 - 87391
DR	5.52.1	slc055201	CPT_88141_ETC_SELECTED_PROCED	Procedures, Selected, Pap Smear CPT Codes 88141 - 88155; 88164 - 88167; 88174 - 88175
DS	5.53.1	slc055301	CPT_11975_ETC_SELECTED_PROCED	Procedures, Selected, Contraceptive Management CPT Codes 11975 - 11977; 55250; 55450; 57170; 58300 - 58301; 58600 - 58611
DT	5.60.1	slc056001	CPT_90701_ETC_VACCINE_PROCED	Procedures, Selected, DPT, Tetanus and Diphtheria CPT Codes 90701, 90718, 90700
DU	5.61.1	slc056101	CPT_90645TO48_VACCINE_PROCED	Procedures, Selected, Hemophilus Influenza B (Hib) CPT Codes 90645 - 90648
DV	5.62.1	slc056201	CPT_90632_ETC_VACCINE_PROCED	Procedures, Selected, Hepatitis A CPT Codes 90633-90636
DW	5.63.1	slc056301	CPT_90740_ETC_VACCINE_PROCED	Procedures, Selected, Hepatitis B or HepB-HIB CPT Codes 90740 - 90747
DX	5.64.1	slc056401	CPT_90748_VACCINE_PROCED	Procedures, Selected, HepB and Hib CPT Codes 90748
DY	5.65.1	slc056501	CPT_90657TO60_VACCINE_PROCED	Procedures, Selected, Influenza Virus Vaccine CPT Codes 90657 - 90660
DZ	5.66.1	slc056601	CPT_90707_VACCINE_PROCED	Procedures, Selected, Measles, Mumps and Rubella (MMR) CPT Codes 90707
EA	5.67.1	slc056701	CPT_90669_VACCINE_PROCED	Procedures, Selected, Pneumococcal CPT Codes 90669
EB	5.68.1	slc056801	CPT_90712TO13_VACCINE_PROCED	Procedures, Selected, Poliovirus CPT Codes 90712 - 90713
EC	5.69.1	slc056901	CPT_90716_VACCINE_PROCED	Procedures, Selected, Varicella CPT Codes 90716

	Header Style Using the Report Form	Header Style Using	
	Section+Line+Column Coordinates	Abbreviated Terms in English	
	Short Version with	**Long Version**		
Worksheet	**Periods and**	**Without Periods**	**English**	
Column	**Without Alpha**	**and With Alpha**	**Abbreviation**	**Description**
A	slc010201	1.2.1	OSHPD_ID	OSHPD Identification Number
B	slc010101	1.1.1	FAC_NAME	Facility Name
C	slc060101	6.1.1	Medicare_Encounters	Encounters by Payer: Medicare
D	slc060201	6.2.1	Medicare_Gro_Rev	Gross revenue, Medicare
E	slc060301	6.3.1	Medicare_Gro_Rev_Slide_Fee	Medicare write-offs, Sliding Fee Scale
F	slc060501	6.5.1	Medicare_Gro_Rev_Contract_Adj	Medicare write-offs, Contractual Adjustments
G	slc060601	6.6.1	Medicare_Gro_Rev_Bad_Debts	Medicare write-offs, Bad Debts
H	slc060801	6.8.1	Medicare_Gro_Rev_Othr_Adj	Medicare, Other Adjustments
I	slc060901	6.9.1	Medicare_Gro_Rev_Reconciliation	Medicare Reconciliation
J	slc061001	6.10.1	Medicare_Gro_Rev_TOTL_WriteOffs_Adj	Medicare Write Offs TOTAL
K	slc061501	6.15.1	Medicare_Net_Pt_Rev_Collected	Medicare Net Patient Revenue Collected
L	slc060102	6.1.2	Medicare_Mng_Encounters	Encounters by Payer: Medicare Managed Care
M	slc060202	6.2.2	Medicare_Mng_Gro_Rev	Gross revenue, Medicare Managed Care
N	slc060302	6.3.2	Medicare_Mng_Gro_Rev_Slide_Fee	Medicare Managed Care write-offs, Sliding Fee Scale
O	slc060502	6.5.2	Medicare_Mng_Gro_Rev_Contract_Adj	Medicare Managed Care write-offs, Contractual Adjustments
P	slc060602	6.6.2	Medicare_Mng_Gro_Rev_Bad_Debts	Medicare Managed Care write-offs, Bad Debts
Q	slc060802	6.8.2	Medicare_Mng_Gro_Rev_Othr_Adj	Medicare Managed Care, Other Adjustments
R	slc060902	6.9.2	Medicare_Mng_Gro_Rev_Reconciliation	Medicare Managed Care Reconciliation
S	slc061002	6.10.2	Medicare_Mng_Gro_Rev_TOTL_WriteOffs_Adj	Medicare Managed Care Write Offs TOTAL
T	slc061502	6.15.2	Medicare_Mng_Net_Pt_Rev_Collected	Medicare Managed Care Net Patient Revenue Collected
U	slc060103	6.1.3	MediCal_Encounters	Encounters by Payer: Medi-Cal
V	slc060203	6.2.3	MediCal_Gro_Rev	Gross revenue, Medi-Cal
W	slc060503	6.5.3	MediCal_Gro_Rev_Contract_Adj	Medi-Cal write-offs, adjustments Contractual Adjustments
X	slc060803	6.8.3	MediCal_Gro_Rev_Othr_Adj	Medi-Cal, Other Adjustments
Y	slc060903	6.9.3	MediCal_Gro_Rev_Reconciliation	Medi-Cal Reconciliation
Z	slc061003	6.10.3	MediCal_Gro_Rev_TOTL_WriteOffs_Adj	Medi-Cal Write Offs TOTAL
AA	slc061503	6.15.3	MediCal_Net_Pt_Rev_Collected	Medi-Cal Net Patient Revenue Collected
AB	slc060104	6.1.4	MediCal_Mng_Encounters	Encounters by Payer: Medi-Cal Managed Care
AC	slc060204	6.2.4	MediCal_Mng_Gro_Rev	Gross revenue, Medi-Cal Managed Care
AD	slc060504	6.5.4	MediCal_Mng_Gro_Rev_Contract_Adj	Medi-Cal Managed Care write-offs, Contractual Adjustments
AE	slc060804	6.8.4	MediCal_Mng_Gro_Rev_Othr_Adj	Medi-Cal Managed Care, Other Adjustments
AF	slc060904	6.9.4	MediCal_Mng_Gro_Rev_Reconciliation	Medi-Cal Managed Care Reconciliation
AG	slc061004	6.10.4	MediCal_Mng_Gro_Rev_TOTL_WriteOffs_Adj	Medi-Cal Managed Care Write Offs TOTAL
AH	slc061504	6.15.4	MediCal_Mng_Net_Pt_Rev_Collected	Medi-Cal Managed Care Net Patient Revenue Collected
AI	slc060105	6.1.5	County_CMSP_MISP Encounters	Encounters by Payer: County Indigent, CMSP, MISP (see data file doc.)
AJ	slc060205	6.2.5	County_CMSP_MISP_Gro_Rev	Gross revenue, County Indigent, CMSP, MISP (see data file doc.)
AK	slc060505	6.5.5	County_CMSP_MISP_Gro_Rev_Contract_Adj	County Indigent, CMSP, MISP (see data file doc.) write-offs, Contractual Adjustments
AL	slc060805	6.8.5	County_CMSP_MISP_Gro_Rev_Othr_Adj	County Indigent, CMSP, MISP (see data file doc.), Other Adjustments
AM	slc060905	6.9.5	County_CMSP_MISP_Gro_Rev_Reconciliation	County Indigent, CMSP, MISP (see data file doc.) Reconciliation
AN	slc061005	6.10.5	County_CMSP_MISP_Gro_Rev_TOTL_WriteOffs_Adj	County Indigent, CMSP, MISP (see data file doc.) Write Offs TOTAL
AO	slc061505	6.15.5	County_CMSP_MISP_Net_Pt_Rev_Collected	County Indigent, CMSP, MISP (see data file doc.) Net Patient Revenue Collected
AP	slc060106	6.1.6	Healthy_Families_Encounters	Encounters by Payer: Healthy Families program
AQ	slc060206	6.2.6	Healthy_Families_Gro_Rev	Gross revenue, Healthy Families program
AR	slc060306	6.3.6	Healthy_Families_Gro_Rev_Slide_Fee	Healthy Families program write-offs, Sliding Fee Scale
AS	slc060506	6.5.6	Healthy_Families_Gro_Rev_Contract_Adj	Healthy Families program write-offs, Contractual Adjustments
AT	slc060606	6.6.6	Healthy_Families_Gro_Rev_Bad_Debts	Healthy Families program write-offs, Bad Debts
AU	slc060806	6.8.6	Healthy_Families_Gro_Rev_Othr_Adj	Healthy Families program, Other Adjustments
AV	slc061006	6.10.6	Healthy_Families_Gro_Rev_TOTL_WriteOffs_Adj	Healthy Families program Write Offs TOTAL
AW	slc061506	6.15.6	Healthy_Families_Net_Pt_Rev_Collected	Healthy Families program Net Patient Revenue Collected
AX	slc060107	6.1.7	Pvt_Insurance_Encounters	Encounters by Payer: Private insurance
AY	slc060207	6.2.7	Pvt_Insurance_Gro_Rev	Gross revenue, Private insurance

Worksheet Column	Header Style Using the Report Form Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	
	Short Version with Periods and Without Alpha	**Long Version Without Periods and With Alpha**	**English Abbreviation**	**Description**
AZ	slc060307	6.3.7	Pvt_Insurance_Gro_Rev_Slide_Fee	Private insurance write-offs, Sliding Fee Scale
BA	slc060507	6.5.7	Pvt_Insurance_Gro_Rev_Contract_Adj	Private insurance write-offs, Contractual Adjustments
BB	slc060607	6.6.7	Pvt_Insurance_Gro_Rev_Bad_Debts	Private insurance write-offs, Bad Debts
BC	slc060807	6.8.7	Pvt_Insurance_Gro_Rev_Othr_Adj	Private insurance, Other Adjustments
BD	slc061007	6.10.7	Pvt_Insurance_Gro_Rev_TOTL_WriteOffs_Adj	Private insurance Write Offs TOTAL
BE	slc061507	6.15.7	Pvt_Insurance_Net_Pt_Rev_Collected	Private insurance Net Patient Revenue Collected
BF	slc060108	6.1.8	SelfPay_Slide_Fee_Encounters	Encounters by Payer: Self-pay, Sliding Fee
BG	slc060208	6.2.8	SelfPay_Slide_Fee_Gro_Rev	Gross revenue, Self-pay, Sliding Fee
BH	slc060308	6.3.8	SelfPay_Slide_pay_Slide_Fee_Gro_Rev_Slide_Fee	Self-pay, Sliding Fee write-offs, Sliding Fee Scale
BI	slc060608	6.6.8	SelfPay_Slide_Fee_Gro_Rev_Bad_Debts	Self-pay, Sliding Fee write-offs, Bad Debts
BJ	slc060808	6.8.8	SelfPay_Slide_Fee_Gro_Rev_Othr_Adj	Self-pay, Sliding Fee, Other Adjustments
BK	slc061008	6.10.8	SelfPay_Slide_Fee_Gro_Rev_TOTL_WriteOffs_Adj	Self-pay, Sliding Fee Write Offs TOTAL
BL	slc061508	6.15.8	SelfPay_Slide_Fee_Net_Pt_Rev_Collected	Self-pay, Sliding Fee Net Patient Revenue Collected
BM	slc060109	6.1.9	Free_Encounters	Encounters by Payer: Free
BN	slc060209	6.2.9	Free_Gro_Rev	Gross revenue, Free
BO	slc060409	6.4.9	Free_Gro_Rev_Free	Free write-offs, Free, Complimentary
BP	slc061009	6.10.9	Free_Gro_Rev_TOTL_WriteOffs_Adj	Free Write Offs TOTAL
BQ	slc061509	6.15.9	Free_Net_Pt_Rev_Collected	Free Net Patient Revenue Collected
BR	slc060110	6.1.10	Breast_Cancer_Encounters	Encounters by Payer: Breast Cancer Programs
BS	slc060210	6.2.10	Breast_Cancer_Gro_Rev	Gross revenue, Breast Cancer Programs
BT	slc060510	6.5.10	Breast_Cancer_Gro_Rev_Contract_Adj	Breast Cancer Programs write-offs, Contractual Adjustments
BU	slc060810	6.8.10	Breast_Cancer_Gro_Rev_Othr_Adj	Breast Cancer Programs, Other Adjustments
BV	slc061010	6.10.10	Breast_Cancer_Gro_Rev_TOTL_WriteOffs_Adj	Breast Cancer Programs Write Offs TOTAL
BW	slc061510	6.15.10	Breast_Cancer_Net_Pt_Rev_Collected	Breast Cancer Programs Net Patient Revenue Collected
BX	slc060111	6.1.11	CHDP_Encounters	Encounters by Payer: Child Health and Disability Prevention (CHDP) program
BY	slc060211	6.2.11	CHDP_Gro_Rev	Gross revenue, Child Health and Disability Prevention (CHDP) program
BZ	slc060511	6.5.11	CHDP_Gro_Rev_Contract_Adj	Child Health and Disability Prevention (CHDP) program write-offs, Contractual Adjustments
CA	slc060811	6.8.11	CHDP_Gro_Rev_Othr_Adj	Child Health and Disability Prevention (CHDP) program, Other Adjustments
CB	slc061011	6.10.11	CHDP_Gro_Rev_TOTL_WriteOffs_Adj	Child Health and Disability Prevention (CHDP) program Write Offs TOTAL
CC	slc061511	6.15.11	CHDP_Net_Pt_Rev_Collected	Child Health and Disability Prevention (CHDP) program Net Patient Revenue Collected
CD	slc060112	6.1.12	EAPC_Encounters	Encounters by Payer: Expanded Access to Primary Care (EAPC) program
CE	slc060212	6.2.12	EAPC_Gro_Rev	Gross revenue, Expanded Access to Primary Care (EAPC) program
CF	slc060312	6.3.12	EAPC_Gro_Rev_Slide_Fee	Expanded Access to Primary Care (EAPC) program write-offs, Sliding Fee Scale
CG	slc060612	6.6.12	EAPC_Gro_Rev_Bad_Debts	Expanded Access to Primary Care (EAPC) program write-offs, Bad Debts
CH	slc061012	6.10.12	EAPC_Gro_Rev_TOTL_WriteOffs_Adj	Expanded Access to Primary Care (EAPC) program Write Offs TOTAL
CI	slc061512	6.15.12	EAPC_Net_Pt_Rev_Collected	Expanded Access to Primary Care (EAPC) program Net Patient Revenue Collected
CJ	slc060113	6.1.13	Family_PACT_Encounters	Encounters by Payer: Planning, Access, Care, Treatment (Family PACT) program
CK	slc060213	6.2.13	Family_PACT_Gro_Rev	Gross revenue, Planning, Access, Care, Treatment (Family PACT) program
CL	slc060513	6.5.13	Family_PACT_Gro_Rev_Contract_Adj	Planning, Access, Care, Treatment (Family PACT) program write-offs, Contractual Adjustments

Worksheet Column	Header Style Using the Report Form Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	
	Short Version with Periods and Without Alpha	**Long Version Without Periods and With Alpha**	**English Abbreviation**	**Description**
CM	slc060813	6.8.13	Family_PACT_Gro_Rev_Othr_Adj	Planning, Access, Care, Treatment (Family PACT) program, Other Adjustments
CN	slc061013	6.10.13	Family_PACT_Gro_Rev_TOTL_WriteOffs_Adj	Planning, Access, Care, Treatment (Family PACT) program Write Offs TOTAL
CO	slc061513	6.15.13	Family_PACT_Net_Pt_Rev_Collected	Planning, Access, Care, Treatment (Family PACT) program Net Patient Revenue Collected
CP	slc060114	6.1.14	SDiego_Med_Plan_Encounters	Encounters by Payer: San Diego County Medical Plan
CQ	slc060214	6.2.14	SDiego_Med_Plan_Gro_Rev	Gross revenue, San Diego County Medical Plan
CR	slc060314	6.3.14	SDiego_Med_Plan_Gro_Rev_Slide_Fee	San Diego County Medical Plan write-offs, Sliding Fee Scale
CS	slc060614	6.6.14	SDiego_Med_Plan_Gro_Rev_Bad_Debts	San Diego County Medical Plan write-offs, Bad Debts
CT	slc061014	6.10.14	SDiego_Med_Plan_Gro_Rev_TOTL_WriteOffs_Adj	San Diego County Medical Plan Write Offs TOTAL
CU	slc061514	6.15.14	SDiego_Med_Plan_Net_Pt_Rev_Collected	San Diego County Medical Plan Net Patient Revenue Collected
CV	slc060115	6.1.15	LA_County_PartnrShp_Encounters	Encounters by Payer: Los Angeles County Public Private Partnership
CW	slc060215	6.2.15	LA_County_PartnrShp_Gro_Rev	Gross revenue, Los Angeles County Public Private Partnership
CX	slc060315	6.3.15	LA_County_PartnrShp_Gro_Rev_Slide_Fee	Los Angeles County Public Private Partnership write-offs, Sliding Fee Scale
CY	slc060615	6.6.15	LA_County_PartnrShp_Gro_Rev_Bad_Debts	Los Angeles County Public Private Partnership write-offs, Bad Debts
CZ	slc061015	6.10.15	LA_County_PartnrShp_Gro_Rev_TOTL_WriteOffs_Adj	Los Angeles County Public Private Partnership Write Offs TOTAL
DA	slc061515	6.15.15	LA_County_PartnrShp_Net_Pt_Rev_Collected	Los Angeles County Public Private Partnership Net Patient Revenue Collected
DB	slc060116	6.1.16	Alameda_Alliance_Encounters	Encounters by Payer: Alameda Alliance for Health
DC	slc060216	6.2.16	Alameda_Alliance_Gro_Rev	Gross revenue, Alameda Alliance for Health
DD	slc060316	6.3.16	Alameda_Alliance_Gro_Rev_Slide_Fee	Alameda Alliance for Health write-offs, Sliding Fee Scale
DE	slc060616	6.6.16	Alameda_Alliance_Gro_Rev_Bad_Debts	Alameda Alliance for Health write-offs, Bad Debts
DF	slc061016	6.10.16	Alameda_Alliance_Gro_Rev_TOTL_WriteOffs_Adj	Alameda Alliance for Health Write Offs TOTAL
DG	slc061516	6.15.16	Alameda_Alliance_Net_Pt_Rev_Collected	Alameda Alliance for Health Net Patient Revenue Collected
DH	slc060117	6.1.17	Othr_County_Encounters	Encounters by Payer: Other County Programs
DI	slc060217	6.2.17	Othr_County_Gro_Rev	Gross revenue, Other County Programs
DJ	slc060317	6.3.17	Othr_County_Gro_Rev_Slide_Fee	Other County Programs write-offs, Sliding Fee Scale
DK	slc060517	6.5.17	Othr_County_Gro_Rev_Contract_Adj	Other County Programs write-offs, Contractual Adjustments
DL	slc060617	6.6.17	Othr_County_Gro_Rev_Bad_Debts	Other County Programs write-offs, Bad Debts
DM	slc060817	6.8.17	Othr_County_Gro_Rev_Othr_Adj	Other County Programs, Other Adjustments
DN	slc060917	6.9.17	Othr_County_Gro_Rev_Reconciliation	Other County Programs Reconciliation
DO	slc061017	6.10.17	Othr_County_Gro_Rev_TOTL_WriteOffs_Adj	Other County Programs Write Offs TOTAL
DP	slc061517	6.15.17	Othr_County_Net_Pt_Rev_Collected	Other County Programs Net Patient Revenue Collected
DQ	slc060118	6.1.18	All_Othr_Payers_Encounters	Encounters by Payer: All Other Payers
DR	slc060218	6.2.18	All_Othr_Payers_Gro_Rev	Gross revenue, All Other Payers
DS	slc060318	6.3.18	All_Othr_Payers_Gro_Rev_Slide_Fee	All Other Payers write-offs, Sliding Fee Scale
DT	slc060418	6.4.18	All_Othr_Payers_Gro_Rev_Free	All Other Payers write-offs, Free, Complimentary
DU	slc060518	6.5.18	All_Othr_Payers_Gro_Rev_Contract_Adj	All Other Payers write-offs, Contractual Adjustments
DV	slc060618	6.6.18	All_Othr_Payers_Gro_Rev_Bad_Debts	All Other Payers write-offs, Bad Debts
DW	slc060818	6.8.18	All_Othr_Payers_Gro_Rev_Othr_Adj	All Other Payers, Other Adjustments
DX	slc060918	6.9.18	All_Othr_Payers_Gro_Rev_Reconciliation	All Other Payers Reconciliation
DY	slc061018	6.10.18	All_Othr_Payers_Gro_Rev_TOTL_WriteOffs_Adj	All Other Payers Write Offs TOTAL
DZ	slc061518	6.15.18	All_Othr_Payers_Net_Pt_Rev_Collected	All Other Payers Net Patient Revenue Collected
EA	slc060119	6.1.19	GRAND_TOTL_Encounters	Encounters by Payer: All Payers TOTAL
EB	slc060219	6.2.19	GRAND_TOTL_Gro_Rev	Gross revenue, All Payers GRAND TOTAL
EC	slc060319	6.3.19	GRAND_TOTL_Gro_Rev_Slide_Fee	All Payers GRAND TOTAL write-offs, Sliding Fee Scale
ED	slc060419	6.4.19	GRAND_TOTL_Gro_Rev_Free	All Payers GRAND TOTAL write-offs, Free, Complimentary
EE	slc060519	6.5.19	GRAND_TOTL_Gro_Rev_Contract_Adj	All Payers GRAND TOTAL write-offs, Contractual Adjustments
EF	slc060619	6.6.19	GRAND_TOTL_Gro_Rev_Bad_Debts	All Payers GRAND TOTAL write-offs, Bad Debts
EG	slc060719	6.7.19	GRAND_TOTL_Gro_Rev_Grants_Credit_Bal	All Payers GRAND TOTAL write-offs, Grants (credit balance)
EH	slc060819	6.8.19	GRAND_TOTL_Gro_Rev_Othr_Adj	All Payers GRAND TOTAL, Other Adjustments

Worksheet Column	Header Style Using the Report Form Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	
	Short Version with Periods and Without Alpha	Long Version Without Periods and With Alpha	English Abbreviation	Description
EI	slc060919	6.9.19	GRAND_TOTL_Gro_Rev_Reconciliation	All Payers GRAND TOTAL Reconciliation
EJ	slc061019	6.10.19	GRAND_TOTL_Gro_Rev_TOTL_WriteOffs_Adj	All Payers GRAND TOTAL Write Offs
EK	slc061519	6.15.19	GRAND_TOTL_Net_Pt_Rev_Collected	All Payers GRAND TOTAL Net Patient Revenue Collected
EL	slc070101	7.1.1	TOTL_Gro_Rev	Gross Revenue TOTAL
EM	slc070201	7.2.1	TOTL_Gro_Rev_TOTL_WriteOffs_Adj	Write Offs and Adjustments TOTAL
EN	slc070301	7.3.1	TOTL_Net_Pt_Rev_collected	Net Patient Revenue Collected TOTAL
EO	slc070401	7.4.1	Fed_Othr_Oper_Rev	Other Operating Revenue: Federal Funds
EP	slc070501	7.5.1	State_Othr_Oper_Rev	Other Operating Revenue: State Funds
EQ	slc070601	7.6.1	County_Othr_Oper_Rev	Other Operating Revenue: County Funds
ER	slc070701	7.7.1	Local_Othr_Oper_Rev	Other Operating Revenue: Local (City or District) Funds
ES	slc070801	7.8.1	Pvt_Othr_Oper_Rev	Other Operating Revenue: Private
ET	slc070901	7.9.1	Donat_Contr_Othr_Oper_Rev	Other Operating Revenue: Donations, Contributions
EU	slc071901	7.19.1	Othr_Income_Othr_Oper_Rev	Other Operating Revenue: Other
EV	slc072001	7.20.1	TOTL_Othr_Rev	Other Operating Revenue TOTAL
EW	slc072501	7.25.1	TOTL_Op_Rev	Total Operating Revenue GRAND TOTAL
EX	slc073001	7.30.1	Exp_Sal	Operating Expenses: Salaries, Wages and Employee Benefits
EY	slc073101	7.31.1	Exp_Contr_Prof	Operating Expenses: Contract Services - Professional
EZ	slc073201	7.32.1	Exp_Sup_Med_Dent	Operating Expenses: Supplies - Medical and Dental
FA	slc073301	7.33.1	Exp_Sup_Ofc	Operating Expenses: Supplies - Office
FB	slc073401	7.34.1	Exp_Out_Pt_Care	Operating Expenses: Outside Patient Care Services
FC	slc073501	7.35.1	Exp_Rent_Deprc	Operating Expenses: Rent, Depreciation, Mortgage Interest
FD	slc073601	7.36.1	Exp_Util	Operating Expenses: Utilities
FE	slc073701	7.37.1	Exp_LiabIns_Prof	Operating Expenses: Professional Liability Insurance
FF	slc073801	7.38.1	Exp_Othr_Ins	Operating Expenses: Other Insurance
FG	slc073901	7.39.1	Exp_Cont_Ed	Operating Expenses: Continuing Education
FH	slc074401	7.44.1	Exp_Othr_Exp	Operating Expenses: All Other Expenses
FI	slc074501	7.45.1	TOTL_Exp	Operating Expenses TOTAL
FJ	slc075001	7.50.1	Net_Frm_Op	Net from Operations
FK	slc080101	8.1.1	EQUIP_ACQ_OVER_500K	Equipment, diagn. or ther. value $500,000 and above, Yes or No
FL	slc080201	8.2.1	EQUIP_01_DESCRIP	Equipment piece no. 01 for diagn. or ther. use, description
FM	slc080202	8.2.2	EQUIP_01_VALUE	Equipment piece no. 01 for diagn. or ther. use, value
FN	slc080203	8.2.3	EQUIP_01_ACQUI_DT	Equipment piece no. 01 for diagn. or ther. use, acquisition date
FO	slc080204	8.2.4	EQUIP_01_ACQUI_MEANS	Equipment piece no. 01 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
FP	slc080301	8.3.1	EQUIP_02_DESCRIP	Equipment piece no. 02 for diagn. or ther. use, description
FQ	slc080302	8.3.2	EQUIP_02_VALUE	Equipment piece no. 02 for diagn. or ther. use, value
FR	slc080303	8.3.3	EQUIP_02_ACQUI_DT	Equipment piece no. 02 for diagn. or ther. use, acquisition date
FS	slc080304	8.3.4	EQUIP_02_ACQUI_MEANS	Equipment piece no. 02 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
FT	slc080401	8.4.1	EQUIP_03_DESCRIP	Equipment piece no. 03 for diagn. or ther. use, description
FU	slc080402	8.4.2	EQUIP_03_VALUE	Equipment piece no. 03 for diagn. or ther. use, value
FV	slc080403	8.4.3	EQUIP_03_ACQUI_DT	Equipment piece no. 03 for diagn. or ther. use, acquisition date
FW	slc080404	8.4.4	EQUIP_03_ACQUI_MEANS	Equipment piece no. 03 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
FX	slc080501	8.5.1	EQUIP_04_DESCRIP	Equipment piece no. 04 for diagn. or ther. use, description
FY	slc080502	8.5.2	EQUIP_04_VALUE	Equipment piece no. 04 for diagn. or ther. use, value
FZ	slc080503	8.5.3	EQUIP_04_ACQUI_DT	Equipment piece no. 04 for diagn. or ther. use, acquisition date
GA	slc080504	8.5.4	EQUIP_04_ACQUI_MEANS	Equipment piece no. 04 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.

			2005 Primary Care Clinics Documentation - Sections 6 through 8	
		Header Style Using the Report Form	Header Style Using	
		Section+Line+Column Coordinates	Abbreviated Terms in English	
	Short Version with	**Long Version**		
Worksheet	**Periods and**	**Without Periods**	**English**	
Column	**Without Alpha**	**and With Alpha**	**Abbreviation**	**Description**
GB	slc080601	8.6.1	EQUIP_05_DESCRIP	Equipment piece no. 05 for diagn. or ther. use, description
GC	slc080602	8.6.2	EQUIP_05_VALUE	Equipment piece no. 05 for diagn. or ther. use, value
GD	slc080603	8.6.3	EQUIP_05_ACQUI_DT	Equipment piece no. 05 for diagn. or ther. use, acquisition date
GE	slc080604	8.6.4	EQUIP_05_ACQUI_MEANS	Equipment piece no. 05 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
GF	slc080701	8.7.1	EQUIP_06_DESCRIP	Equipment piece no. 06 for diagn. or ther. use, description
GG	slc080702	8.7.2	EQUIP_06_VALUE	Equipment piece no. 06 for diagn. or ther. use, value
GH	slc080703	8.7.3	EQUIP_06_ACQUI_DT	Equipment piece no. 06 for diagn. or ther. use, acquisition date
GI	slc080704	8.7.4	EQUIP_06_ACQUI_MEANS	Equipment piece no. 06 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
GJ	slc080801	8.8.1	EQUIP_07_DESCRIP	Equipment piece no. 07 for diagn. or ther. use, description
GK	slc080802	8.8.2	EQUIP_07_VALUE	Equipment piece no. 07 for diagn. or ther. use, value
GL	slc080803	8.8.3	EQUIP_07_ACQUI_DT	Equipment piece no. 07 for diagn. or ther. use, acquisition date
GM	slc080804	8.8.4	EQUIP_07_ACQUI_MEANS	Equipment piece no. 07 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
GN	slc080901	8.9.1	EQUIP_08_DESCRIP	Equipment piece no. 08 for diagn. or ther. use, description
GO	slc080902	8.9.2	EQUIP_08_VALUE	Equipment piece no. 08 for diagn. or ther. use, value
GP	slc080903	8.9.3	EQUIP_08_ACQUI_DT	Equipment piece no. 08 for diagn. or ther. use, acquisition date
GQ	slc080904	8.9.4	EQUIP_08_ACQUI_MEANS	Equipment piece no. 08 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
GR	slc081001	8.10.1	EQUIP_09_DESCRIP	Equipment piece no. 09 for diagn. or ther. use, description
GS	slc081002	8.10.2	EQUIP_09_VALUE	Equipment piece no. 09 for diagn. or ther. use, value
GT	slc081003	8.10.3	EQUIP_09_ACQUI_DT	Equipment piece no. 09 for diagn. or ther. use, acquisition date
GU	slc081004	8.10.4	EQUIP_09_ACQUI_MEANS	Equipment piece no. 09 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
GV	slc081101	8.11.1	EQUIP_10_DESCRIP	Equipment piece no. 10 for diagn. or ther. use, description
GW	slc081102	8.11.2	EQUIP_10_VALUE	Equipment piece no. 10 for diagn. or ther. use, value
GX	slc081103	8.11.3	EQUIP_10_ACQUI_DT	Equipment piece no. 10 for diagn. or ther. use, acquisition date
GY	slc081104	8.11.4	EQUIP_10_ACQUI_MEANS	Equipment piece no. 10 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
GZ	slc082501	8.25.1	CAP_EXP_OVER_1MIL	Capital expenditure (building projects) commenced in report period over $1 million. Yes or No
HA	slc082601	8.26.1	PROJ_01_DESCRIP_CAP_EXP	Project capital expenditure no. 01, description
HB	slc082602	8.26.2	PROJ_01_PROJTD_CAP_EXP	Project capital expenditure no. 01, projected expense
HC	slc082603	8.26.3	PROJ_01_OSHPD_PROJ_NO	Project capital expenditure no. 01, OSHPD project number, if applic.
HD	slc082701	8.27.1	PROJ_02_DESCRIP_CAP_EXP	Project capital expenditure no. 02, description
HE	slc082702	8.27.2	PROJ_02_PROJTD_CAP_EXP	Project capital expenditure no. 02, projected expense
HF	slc082703	8.27.3	PROJ_02_OSHPD_PROJ_NO	Project capital expenditure no. 02, OSHPD project number, if applic.
HG	slc082801	8.28.1	PROJ_03_DESCRIP_CAP_EXP	Project capital expenditure no. 03, description
HH	slc082802	8.28.2	PROJ_03_PROJTD_CAP_EXP	Project capital expenditure no. 03, projected expense
HI	slc082803	8.28.3	PROJ_03_OSHPD_PROJ_NO	Project capital expenditure no. 03, OSHPD project number, if applic.
HJ	slc082901	8.29.1	PROJ_04_DESCRIP_CAP_EXP	Project capital expenditure no. 04, description
HK	slc082902	8.29.2	PROJ_04_PROJTD_CAP_EXP	Project capital expenditure no. 04, projected expense
HL	slc082903	8.29.3	PROJ_04_OSHPD_PROJ_NO	Project capital expenditure no. 04, OSHPD project number, if applic.
HM	slc083001	8.30.1	PROJ_05_DESCRIP_CAP_EXP	Project capital expenditure no. 05, description
HN	slc083002	8.30.2	PROJ_05_PROJTD_CAP_EXP	Project capital expenditure no. 05, projected expense
HO	slc083003	8.30.3	PROJ_05_OSHPD_PROJ_NO	Project capital expenditure no. 05, OSHPD project number, if applic.

	2005 Primary Care Clinics Documentation - Sections 6 through 8			
	Header Style Using the Report Form		Header Style Using	
	Section+Line+Column Coordinates		Abbreviated Terms in English	
	Short Version with	**Long Version**		
Worksheet	**Periods and**	**Without Periods**	**English**	
Column	**Without Alpha**	**and With Alpha**	**Abbreviation**	**Description**
HP	slc084001	8.40.1	BEG_FUND_BAL_CAP_EXP	Beginning Fund Balance
HQ	slc084101	8.41.1	CURR_YR_CONTRIB_CAP_EXP	Current Year Contributions
HR	slc084201	8.42.1	CURR_YR_INT_EARN_CAP_EXP	Current Year Interest Earnings
HS	slc084301	8.43.1	CURR_YR_EXPEN_CAP_EXP	Current Years Expenditures
HT	slc084401	8.44.1	END_FUND_BAL_CAP_EXP	Ending Fund Balance

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS - 2005

Licensed Community and Free Clinics

1. Facility DBA (Doing Business As) Name:	2. OSHPD Facility ID No.:

3. Street Address:	4. City:	5. Zip Code:

6. Facility Phone No.: ( )	7. Administrator Name:	8. Administrator's E-Mail Address:

9. Was this clinic in operation at any time during the year? Yes ☐ No ☐	Dates of Operation (MMDDYYYY) 10. From: 11. Through:

12. Name of Parent Corporation:

13. Corporate Business Address:	14. City:	15. State:	16. Zip Code:

17. Person Completing Report	18. Phone No. ( ) Ext.

19. Fax No. ( )	20. E-mail Address:

CERTIFICATION

I declare the following under penalty of perjury: that I am the current administrator of this health facility, duly authorized by the governing body to act in an executive capacity; that I am familiar with the record keeping systems of this facility; that the records and logs are true and correct to the best of my knowledge and belief; that I have read this annual report and am thoroughly familiar with its contents; and that its contents represent an accurate and complete summarization from medical records and logs of the information requested.

_____   _____

Date   Administrator Signature

                                                          _____

                                                          Administrator Name (Please Print)

Completion of the Annual Utilization Report of Primary Care Clinics is required by Section 127285 and Section 1216 of the Health and Safety Code. Failure to complete and file this report by February 15 may result in suspension of the clinic's license.

Office of Statewide Health Planning and Development
Accounting and Reporting Systems Section
Licensed Services Data and Compliance Unit
818 K Street, Room 400   Phone: (916) 323-7685
Sacramento, CA 95814   FAX: (916) 322-1442

LICENSE CATEGORY (TYPE) (Completed by OSHPD)

Line No.		(1)
1	Community	
	Free	

FEDERALLY QUALIFIED HEALTH CLINIC (FQHC)

Line No.	Federally Qualified Health Clinics and Rural Clinics	(1)		
2	Indicate clinic type, if applicable:	FQHC ☐	FQHC Look-Alike ☐	Neither ☐

RURAL HEALTH CLINIC

Line No.	Rural Health Clinic	(1)	
3	Is this a 95-210 Rural Health Clinic?	Yes ☐	No ☐

COMMUNITY SERVICES (Indicate Community Services offered.)

Line No.		(1) Offered
10	Adult Day Care	
11	Child Care	
12	Community Education	
13	Community Nutrition	
14	Disaster Relief	
15	Environmental Health	
16	Homeless	
17	Legal	
18	Outreach	
19	Social Services	
20	Substance Abuse	
21	Transportation	
22	Vocational Training Placement	
23	Other	

LANGUAGES SPOKEN BY STAFF AND PATIENTS*

Line No.		(1) Staff	(2) Patients
30	Arabic		
31	Armenian		
32	Cambodian		
33	Chinese		
34	Hindustani		
35	Hmong		
36	Japanese		
37	Korean		
38	Laotian		
39	Portuguese		
40	Punjabi		
41	Russian		
42	Sign Language		
43	Spanish		
44	Tagalog		
45	Vietnamese		

*Staff - Indicate if one or more of your staff members speak a listed language. **Patients** - Indicate if 100 patients (or more than 1% of your patient populations) are best served in a listed language. Estimates are acceptable if exact counts are not available.

LANGUAGE SUMMARY

Line No.		(1)
55	Percentage (%) of patient population best served in a non-English language (round to nearest WHOLE percent)	
56	From the languages listed above, enter the primary language (other than English) spoken by your patient population. (There will be a drop down box in ALIRTS.)	

ALIRTS-PCC (12-12-05)

FTEs AND ENCOUNTERS BY PRIMARY CARE PROVIDER

Line No.	Primary Care Providers	(1) No. of Salaried FTEs*	(2) No. of Contract FTEs*	(3) No. of Volunteer FTEs*	(4) Total FTEs*	(5) No. of Encounters
60	Physicians					
61	Physician Assistants					
62	Family Nurse Practitioners					
63	Certified Nurse Midwives					
64	Visiting Nurses					
65	Dentists					
66						
67	Psychiatrist					
68	Clinical Psychologist					
69	Licensed Clinical Social Worker (LCSW)					
70	Other Providers billable to Medi-Cal**					
74	Other Certified CPSP providers not listed above***					
75	Totals					

**Other Provider billable to Medi-Cal - Included here are Chiropractors, Physical Therapists, Optometrists, Acupuncturists and any other professional who is able to be reimbursed through the Medi-Cal program.

*** Comprehensive Perinatal Services Program - List all other professionals not listed above that are certified by the CPSP program to render services and can be reimbursed.

FTEs AND CONTACTS BY PRIMARY CARE PROVIDER

Line No.	Primary Care Providers	(1) No. of Salaried FTEs*	(2) No. of Contract FTEs*	(3) No. of Volunteer FTEs*	(4) Total FTEs*	(5) No. of Contacts
80	Registered Dental Hygienists (not Alternative Practice)					
81	Registered Dental Assistants					
82	Dental Assistants - Not licensed					
83	Marriage and Family Therapists (MFT) - from above					
84	Registered Nurses					
85	Licensed Vocational Nurses					
86	Medical Assistants - Not licensed (1)					
87	Non-Licensed Patient Education Staff					
88	Substance Abuse Counselors (2)					
89	Billing Staff (3)					
90	Other Administrative Staff (4)					
94	Other Providers not listed above					
95	Totals					

* Report FTEs to two decimal places, e.g., 2.25

(1) Also includes Certified Medical Assistants

(2) Does not include substance abuse counseling performed by providers listed elsewhere

(3) Staff must spend 80% of time on billing

(4) Includes Executive Directors, CFO's, Medical & Dental Records staff, Meddical & Dental Receptionists & other management staff

Section 2 (2)

PATIENT DEMOGRAPHICS

SECTION 3

RACE

Line No.		(1) No. of Patients
1	White (include Hispanic)	
2	Black	
3	Native American / Alaskan Native	
4	Asian / Pacific Islander	
9	Other / Unknown	
10	Total Patients*	

FEDERAL POVERTY LEVEL

	(1) No. of Patients	Line No.
Under 100%		20
100 - 200%		21
Above 200%		22
Unknown		23
Total Patients*		24

ETHNICITY

Line No.		(1) No. of Patients
11	Hispanic	
12	Non-Hispanic	
13	Unknown	
15	Total Patients*	

AGE CATEGORY

	(1) Males	(2) Females	Line No.
Under 1 year			40
1 - 4 years			41
5 - 12 years			42
13 - 14 years			43
15 - 19 years			44
20 - 34 years			45
35 - 44 years			46
45 - 64 years			47
65 and over			48
Total Patients*			55

SEASONAL AGRICULTURAL AND MIGRATORY WORKERS

Line No.		(1) Number
30	Total Patients	
31	Total Encounters	

PATIENT COVERAGE

Line No.		(1) No. of Patients
60	Medicare	
61	Medicare - Managed Care	
62	Medi-Cal	
63	Medi-Cal - Managed Care	
64	County Indigent / CMSP / MISP	
65	Healthy Families	
66	Private Insurance	
67	Alameda Alliance for Health	
68	LA Co. Public Private Partnership	
69	San Diego Co. Medical Plan	
70	Self-Pay / Sliding Fee	
71	Free	
74	All Other Payers	
75	Total Patients*	

EPISODIC PROGRAMS

	(1) No. of Patients	Line No.
BCCCP		80
CHDP		81
EAPC		82
Family PACT		83
Other County Programs		84
Children's Treatment Program		85
Other Payer - covered by a grant		89
Total Episodic Patients (duplicated)		90

CHILD HEALTH AND DISABILITY PREVENTION (CHDP)

	(1) Number	Line No.
CHDP Assessments		95

 * Totals for these tables must agree.

ALIRTS-PCC (12-12-05)

Report the diagnosis (or symptom, condition, problem or complaint) as the main reason for the encounter. Do not report the secondary diagnosis(es). There should be one (and only one) principal diagnosis for each encounter.

ENCOUNTERS BY PRINCIPAL DIAGNOSIS

Line No.	Classification of Diseases and/or Injuries for each Principal Diagnosis	ICD-9-CM Codes	(1) No. of Encounters	Line No.
1	Infectious and Parasitic Diseases	001 - 139		1
2	Neoplasms	140 - 239		2
3	Endocrine, Nutritional, and Metabolic Diseases, and Immunity Disorders	240 - 279		3
4	Blood and Blood Forming Disorders	280 - 289		4
5	Mental Disorders	290 - 319		5
6	Nervous System and Sense Organs Diseases	320 - 389		6
7	Circulatory System Diseases	390 - 459		7
8	Respiratory System Diseases	460 - 519		8
9	Digestive System Diseases, excluding dental diagnoses	530 - 579		9
10	Genitourinary System Diseases	580 - 629		10
11	Pregnancy, Childbirth & the Puerperium	630 - 677		11
12	Skin and Subcutaneous Tissue Diseases	680 - 709		12
13	Musculoskeletal System and Connective Tissue Diseases	710 - 739		13
14	Congenital Anomalies	740 - 759		14
15	Certain Conditions Originating in the Perinatal Period	760 - 779		15
16	Symptoms, Signs, and Ill-defined Conditions	780 - 799		16
17	Injury and Poisoning	800 - 999		17
18	Factors Influencing Health Status and Contact with Health Services	V01 - V84		18
19	Dental Diagnoses	520 - 529		19
20	Family Planning S-Codes			20
21	Other			21
25	Total			25

Classify each encounter by the principal CPT code that was reported on the billing document for this encounter. Do not report secondary procedures. There should be one and only one procedure code reported for each encounter.

ENCOUNTERS BY PRINCIPAL SERVICE

Line No.	Principal Service	CPT Codes - 2005	(1) No. of Encounters	Line No.
	Evaluation and Management Services			
1	Evaluation and Management (new patient)	99201 - 99205		1
2	Evaluation and Management (established patient)	99211 - 99215		2
3	Hospital Related Services	99217 - 99223 99231 - 99239		3
4	Consultations	99241 - 99275		4
5	Other Evaluation and Management Services	99281 - 99285 99354 - 99360 99420 - 99429 99450 - 99456, 99499		5
6	Nursing Facility Related Services	99301 - 99316		6
7	Case Management Services	99361 - 99373		7
8	Preventive Medicine (infant, child, adolescent)	99381 - 99384 99391 - 99394 99431 - 99440		8
9	Preventive Medicine (adults)	99385 - 99387 99395 - 99397		9
10	Counseling	99401 - 99412		10
	All Other Services			
11	Anesthesia	00100 - 01999, 99100, 99116, 99135, 99140		11
12	Integumentary System	10021 - 19499		12
13	Musculoskeletal System	20000 - 29999		13
14	Respiratory System	30000 - 32999		14
15	Cardiovascular System	33010 - 37799		15
16	Hemic and Lymphatic System	38100 - 38999		16
17	Mediastinum and Diaphragm System	39000 - 39599		17
18	Digestive System	40490 - 49999		18
19	Urinary System	50010 - 53899		19
20	Male Genital System	54000 - 55899		20
21	Intersex Surgery	55970, 55980		21
22	Female Genital System	56405 - 58999		22
23	Maternity Care and Delivery	59000 -59899		23
24	Endocrine System	60000 - 60699		24
25	Nervous System	61000 - 64999		25
26	Eye and Ocular Adnexa System	65091 - 68899		26
27	Auditory System	69000 - 69990		27
28	Radiology	70010 - 79999		28
29	Pathology / Laboratory	80048 - 89356		29
30	Medicine - Special Services	90281 - 99091 99141 - 99199		30
31	Family Planning "Z" codes	"Z" codes		31
32	Dental encounters (CDT codes)	D0100-D0999		32
33	CPT Category III Codes	0003T-0111T		33
44	Any other encounters			44
45	Total			45

Section 5 (1)

Report the number of procedures for each code (or range of codes) regardless of whether it is the principal or secondary procedure code.

SELECTED PROCEDURE CODES

Line No.	Selected Procedures	CPT Codes - 2005	(1) No. of Procedures	Line No.
50	Mammogram	76082 - 76083 76090 - 76092		50
51	HIV Testing	86689, 86701 - 86703 87390 - 87391		51
52	Pap Smear	88141 - 88155 88164 - 88167 88174 - 88175		52
53	Contraceptive Management	11975 - 11977 55250, 55450, 57170, 58300 - 58301, 58600 - 58611		53
	Vaccinations:			
60	DTaP, DTP, Diphtheria and Tetanus	90700 - 90701, 90718		60
61	Hemophilus Influenza B (Hib)	90645 - 90648		61
62	Hepatitis A	90632 - 90634, 90636		62
63	Hepatitis B	90740, 90743, 90744, 90746 - 90747		63
64	HepB and Hib	90748		64
65	Influenza Virus Vaccine	90655 - 90658, 90660		65
66	Measles, Mumps and Rubella (MMR)	90707		66
67	Pneumococcal	90669		67
68	Poliovirus	90712 - 90713		68
69	Varicella	90716		69

REVENUE AND UTILIZATION BY PAYER

SECTION 6

REVENUE AND UTILIZATION BY PAYMENT SOURCE

Line No.		PAYMENT SOURCE									Line No.
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
		Medicare	Medicare - Managed Care	Medi-Cal	Medi-Cal - Managed Care	County Indigent / CMSP / MISP	Healthy Families	Private Insurance	Self-Pay / Sliding Fee	Free	
1	Encounters										1
2	Gross Revenue (Charges at 100% Rate)										2
	Write-offs and Adjustments										
3	Sliding Fee Scale										3
4	Free/ Complimentary										4
5	Contractual Adjustments										5
6	Bad Debt										6
7	Grants (credit balance)					( )	( )	( )	( )	( )	7
8	Other Adjustments										8
9	Reconciliation										9
10	Total Write Offs & Adj. (sum lines 3-9)										10
15	Net Patient Revenue (collected) (line 2 - line 10)										15

REVENUE AND UTILIZATION BY PAYMENT SOURCE

Line No.		PAYMENT SOURCE										Line No.
		(10) Breast Cancer Programs*	(11) CHDP	(12) EAPC	(13) Family PACT	(14) San Diego Co. Medical Plan	(15) LA Co. Public Private Partnership	(16) Alameda Alliance for Health	(17) Other County Programs	(18) All Other Payers	(19) Total	
1	Encounters											1
2	Gross Revenue (Charges at 100% Rate)											2
	Write-offs and Adjustments											
3	Sliding Fee Scale											3
4	Free/ Complimentary											4
5	Contractual Adjustments											5
6	Bad Debt											6
7	Grants (credit balance)	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	7
8	Other Adjustments											8
9	Reconciliation											9
10	Total Write Offs & Adj. (sum lines 3-9)											10
15	Net Patient Revenue (collected) (line 2 - line 10)											15

*These include the following:
   Breast Cancer Early Detection Program
   Breast and Cervical Cancer Control Program

INCOME STATEMENT

Line No.		(1) Total	Line No.
1	GROSS PATIENT REVENUE (from Sec 6, line 2, col. 19)		1
2	TOTAL WRITE-OFFS AND ADJUSTMENTS (from Sec 6, line 10, col. 19)		2
3	NET PATIENT REVENUE (from Sec 6, line 15, col. 19)		3
	OTHER OPERATING REVENUE:		
4	Federal Funds		4
5	State Funds		5
6	County Funds		6
7	Local (City or District) Funds		7
8	Private		8
9	Donations / Contributions		9
19	Other		19
20	TOTAL OTHER OPERATING REVENUE (sum lines 4-19)		20
25	TOTAL OPERATING REVENUE (line 3 + line 20)		25
	OPERATING EXPENSES:		
30	Salaries, Wages and Employee Benefits		30
31	Contract Services - Professional		31
32	Supplies - Medical and Dental		32
33	Supplies - Office		33
34	Outside Patient Care Services		34
35	Rent / Depreciation / Mortgage Interest		35
36	Utilities		36
37	Professional Liability Insurance		37
38	Other Insurance		38
39	Continuing Education		39
44	All Other Expenses		44
45	TOTAL OPERATING EXPENSES (sum lines 30-44)		45
50	NET FROM OPERATIONS (line 25 - line 45)		50

Section 127285 (3) of the Health and Safety Code requires each clinic to report "acquisitions of diagnostic or
therapeutic equipment during the reporting period with a value in excess of five hundred thousand dollars ($500,000)."

DIAGNOSTIC AND THERAPEUTIC EQUIPMENT ACQUIRED DURING THE REPORT PERIOD

Line No.		(1)	
1	Did your clinic acquire any diagnostic or therapeutic equipment that had a value in excess of $500,000? (If 'Yes' , fill out lines 2 through 11, as necessary, below.)	Yes ☐	No ☐

EQUIPMENT DETAIL

Line No.	(1) Description of Equipment	(2) Value	(3) Date of Acquisition (MM/DD/YYYY)	(4) Means of Acquisition (Check one)			
2				Purchase ☐	Lease ☐	Donation ☐	Other ☐
3				Purchase ☐	Lease ☐	Donation ☐	Other ☐
4				Purchase ☐	Lease ☐	Donation ☐	Other ☐
5				Purchase ☐	Lease ☐	Donation ☐	Other ☐
6				Purchase ☐	Lease ☐	Donation ☐	Other ☐
7				Purchase ☐	Lease ☐	Donation ☐	Other ☐
8				Purchase ☐	Lease ☐	Donation ☐	Other ☐
9				Purchase ☐	Lease ☐	Donation ☐	Other ☐
10				Purchase ☐	Lease ☐	Donation ☐	Other ☐
11				Purchase ☐	Lease ☐	Donation ☐	Other ☐

BUILDING PROJECTS COMMENCED DURING REPORT PERIOD COSTING OVER $1,000,000

Section 127285 (4) of the Health and Safety Code requires each clinic to report the "commencement of projects
during the reporting period that require a capital expenditure for the clinic in excess of one million dollars ($1,000,000)."

Line No.		(1)	
25	Did your clinic commence any building projects during the report period which will require an aggregate capital expenditure exceeding $1,000,000? (If 'Yes', fill out lines 26 through 30, as necessary, below.)	Yes ☐	No ☐

DETAIL OF CAPITAL EXPENDITURES

Line No.	(1) Description of Project	(2) Projected Total Capital Expenditure	(3) OSHPD Project No. (if applicable)
26			
27			
28			
29			
30			

Section 8 (1)

CAPITAL FUND

Line No.		(1)
40	Beginning Fund Balance	
41	Current Year Contributions	
42	Current Year Interest Earnings	
43	Current Year Expenditures	( )
44	Ending Fund Balance (line 40+line 41+line 42-line 43)	

Section 8 (2)